

# Voluntary Benefits 101



## What are voluntary benefits?

Sometimes called “supplemental insurance,” voluntary benefits are policies you buy to add to the health and life insurance your employer may already provide. These benefits can help you pay for things your other insurance won’t, such as lost wages, out-of-pocket expenses and household bills.



## Advantages

### Flexibility

Use claim payments however you like – pay deductibles, co-payments and other expenses not covered by your health or life insurance

### Portability

Take coverage with you if you leave your job or retire

### Stability

Maintain coverage whether or not you’re employed

### Convenience

Pay premiums using your choice of payroll deduction, bank draft or direct billing

Advantages may not apply to all products. See your Colonial Life benefits counselor for complete details.

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## Policies

### Cancer and critical illness insurance

Helps with the high cost of cancer or critical illness screenings, diagnosis and treatment

### Hospital confinement indemnity insurance

Helps pay for covered hospital-related expenses, including co-payments and deductibles

### Life insurance

Helps pay for final expenses and helps provide financial security for your family members

### Accident insurance

Helps cover out-of-pocket expenses in the event of a covered accident

### Disability insurance

Helps replace part of your regular income if you are unable to work because of a covered injury or illness

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The benefits of good hard work.®

Products have exclusions and limitations that may affect benefits payable. Products vary by state and may not be available in all states.

## Faith Family Academy

### Premiums May Vary Based Upon Final Election

Per Pay Period (12) Premium Guideline

#### Critical Illness 1.0 (Non-Tobacco Rates Shown)

*HSA Compatible; Subsequent Diagnosis; Health Screening Benefit - \$50*

*\*Additional Face Amounts Available; Spouse & Dependent Coverage Available*

Issue Age	\$10,000	\$20,000	\$30,000	\$50,000
17-24	\$4.55	\$6.95	\$9.35	\$14.15
25-29	\$5.35	\$8.55	\$11.75	\$18.15
30-34	\$6.35	\$10.55	\$14.75	\$23.15
35-39	\$9.25	\$16.35	\$23.45	\$37.65
40-44	\$10.95	\$19.75	\$28.55	\$46.15
45-49	\$14.35	\$26.55	\$38.75	\$63.15
50-54	\$18.95	\$35.75	\$52.55	\$86.15
55-59	\$23.65	\$45.15	\$66.65	\$109.65
60-64	\$30.05	\$57.95	\$85.85	\$141.65
65-70	\$36.35	\$70.55	\$104.75	\$173.15

#### Cancer Assist

*Wellness Benefit - \$100; \*Additional Riders Available*

	Level 2	Level 2 W/ \$5,000 Initial Diagnosis	Level 3	Level 3 W/ \$5,000 Initial Diagnosis
Employee	\$21.65	\$29.15	\$26.65	\$34.15
Employee & Spouse	\$33.85	\$46.35	\$44.40	\$56.90
Employee & Child(ren)	\$21.95	\$29.95	\$27.10	\$35.10
Two Parent Family	\$34.15	\$47.15	\$44.85	\$57.85

#### Individual Medical Bridge

*Plan 1 - H.S.A. Compatible Plan*

*Hospital Confinement \$1,000 and \$100 Daily Confinement Benefit – Wellness Benefit \$50 - Medical Treatment Package (Accident Only)*

Issue Age	Named Insured	Employee & Spouse	Employee & Children	Family
17-49	\$22.75	\$42.75	\$34.20	\$54.20
50-59	\$29.55	\$55.60	\$41.00	\$67.05
60-64	\$41.75	\$78.80	\$53.20	\$90.25
65-74	\$56.70	\$107.20	\$68.15	\$118.65

*Plan 1 - H.S.A. Compatible Plan*

*Hospital Confinement \$1,500 and \$100 Daily Confinement Benefit – Wellness Benefit \$50 - Medical Treatment Package (Accident Only)*

Issue Age	Named Insured	Employee & Spouse	Employee & Children	Family
17-49	\$28.45	\$53.60	\$41.90	\$67.05
50-59	\$37.40	\$70.50	\$50.85	\$83.95
60-64	\$52.55	\$99.30	\$66.00	\$112.75
65-74	\$71.10	\$134.55	\$84.55	\$148.00

**Whole Life Plus 5000****ENHANCED COVERAGE**

*\*Additional Face Amounts Available; Spouse & Dependent Coverage Available  
(Non-Tobacco Rates Shown)*

Issue Age	Death Benefits			
	\$25,000	\$50,000	\$75,000	\$100,000
25	\$23.00	\$46.00	\$69.00	\$92.00
35	\$31.29	\$62.58	\$93.87	\$125.16
45	\$49.71	\$99.41	\$149.12	\$198.83
55	\$81.12	\$162.24	\$243.37	\$324.49
65	\$144.37	\$288.74	\$433.11	\$577.48

**Individual Accident**

*Basic - On and Off-Job Accident Coverage, Wellbeing Assistance Standard-\$50; \*Additional Riders Available*

Named Insured	Employee & Spouse	Employee & Children	Family
\$17.15	\$26.05	\$28.59	\$37.17

*Preferred - On and Off-Job Accident Coverage, Wellbeing Standard-\$50; \*Additional Riders Available*

Named Insured	Employee & Spouse	Employee & Children	Family
\$21.70	\$32.63	\$36.95	\$47.43

**Individual Short Term Disability**

*Off Job Accident/ Sickness (AA)*

*\*Additional Benefit Periods, Elimination Periods, and Riders are Available*

**Elimination Period - 0 Day Accident/7 Day Sickness**

**3 Month Benefit Period**

Issue Age for	Monthly Benefit	Monthly Benefit	Monthly Benefit	Monthly Benefit
Employee	\$800	\$1,000	\$1,500	\$2,000
17-49	\$23.60	\$29.50	\$44.25	\$59.00
50-64	\$28.00	\$35.00	\$52.50	\$70.00

**Elimination Period - 0 Day Accident/14 Day Sickness**

**3 Month Benefit Period**

Issue Age for	Monthly Benefit	Monthly Benefit	Monthly Benefit	Monthly Benefit
Employee	\$800	\$1,000	\$1,500	\$2,000
17-49	\$16.80	\$21.00	\$31.50	\$42.00
50-64	\$19.68	\$24.60	\$36.90	\$49.20



## Critical Illness Insurance

### You can't predict an illness, but you can be prepared

No matter where you are in life, you never know when you or a loved one could have a sudden illness. Fortunately, medical advancements and early detection are helping many people survive critical illnesses.

These technologies and tests can lead to increased medical expenses. With health insurance only covering some of these costs, an unexpected illness could make it difficult for you to pay your regular monthly bills, such as housing, utilities and child care.

Critical illness insurance from Colonial Life helps supplement your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness.



About 85% of people who have a heart attack will survive it.

American Heart Association, Heart Disease and Stroke Statistics—2017 Update, 2017, cited by CDC, Know the Signs and Symptoms of a Heart Attack, 2017.



# Specified Critical Illness Insurance



For more information,  
talk with your  
benefits counselor.

If you're diagnosed with a covered critical illness, specified critical illness insurance from Colonial Life can help with your expenses, so you can concentrate on what's most important – your treatment, care and recovery.

**Face amount:** \$\_\_\_\_\_

## Critical illness benefit

For the diagnosis of this covered critical illness condition: <sup>1</sup>	This percentage of the face amount is payable:
Heart attack (myocardial infarction)	100%
Stroke	100%
End-stage renal (kidney) failure	100%
Major organ failure	100%
Permanent paralysis due to a covered accident	100%
Coma	100%
Blindness	100%
Occupational infectious HIV or occupational infectious hepatitis B, C or D	100%
Coronary artery bypass graft surgery/disease <sup>2</sup>	25%

The maximum benefit amount for this policy is 3x the face amount for the named insured for all covered persons combined. The policy will terminate when the maximum benefit amount for specified critical illness has been paid.

### Subsequent diagnosis of a different critical illness<sup>3</sup>

If you receive a benefit for a specified critical illness, and later you are diagnosed with a different specified critical illness, the original percentage of the face amount is payable for that particular specified critical illness.

### Subsequent diagnosis of the same critical illness<sup>3</sup>

If you receive a benefit for a specified critical illness, and later you are diagnosed with the same specified critical illness, 25% of the original face amount is payable. Critical illness conditions that do not qualify are: coronary artery bypass graft surgery/disease<sup>2</sup> and occupational infectious HIV or occupational infectious hepatitis B, C or D.

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- 1 Please refer to the policy for complete definitions of covered conditions.
- 2 Benefit for coronary artery disease applicable in lieu of benefit for coronary artery bypass graft surgery when health savings account (HSA) compliant plan is selected.
- 3 Dates of diagnoses of a covered specified critical illness must be separated by at least 180 days.

THIS POLICY PROVIDES LIMITED BENEFITS.

#### EXCLUSIONS AND LIMITATIONS FOR SPECIFIED CRITICAL ILLNESS

We will not pay benefits for a specified critical illness that occurs as a result of a covered person's: felonies or illegal occupations; intoxicants and narcotics; pre-existing condition; psychiatric or psychological condition; suicide or self-inflicted injuries; or war or armed conflict.

This is not an insurance contract and only the actual policy provisions will control. Applicable to policy form CI-1.0-AK, CI-1.0-DE or CI-1.0-TX. Please see your Colonial Life benefits counselor for details.

# Critical Illness Insurance

## Health Screening Benefit



For more information,  
talk with your  
benefits counselor.

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The optional health screening benefit can help you reduce the risk of serious illness through early detection.

**Health screening benefit**.....\$ 50.00

Maximum of one screening test per covered person per calendar year.

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

The policy has exclusions and limitations which may affect any benefits payable.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to form CI-1.0-P and GCC1.0-P (including state abbreviations where used, for example: CI-1.0-P-TX and GCC1.0-P-TX). Coverage may vary by state and may not be available in all states.

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# Cancer Insurance

## How would cancer impact your way of life?

Hopefully, you and your family will never face cancer. If you do, a financial safety net can help you and your loved ones focus on what matters most — recovery.

If you were diagnosed with cancer, you could have expenses that medical insurance doesn't cover. In addition to your regular, ongoing bills, you could have indirect treatment and recovery costs, such as child care and home health care services.

## Help when you need it most

Cancer coverage from Colonial Life & Accident Insurance Company can help protect the lifestyle you've worked so hard to build. It provides benefits you can use to help cover:

- Loss of income
- Out-of-network treatment
- Lodging and meals
- Deductibles and co-pays

# Cancer Insurance

## Level 2 Benefits

Cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.



For more information,  
talk with your  
benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
<b>Air ambulance</b> ..... Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	<b>\$2,000 per trip</b>
<b>Ambulance</b> ..... Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	<b>\$250 per trip</b>
<b>Anesthesia</b> Administered during a surgical procedure for cancer treatment	
■ General anesthesia .....	<b>25% of surgical procedures benefit</b>
■ Local anesthesia .....	<b>\$30 per procedure</b>
<b>Anti-nausea medication</b> ..... Doctor-prescribed medication for radiation or chemotherapy <i>[\$160 monthly max.]</i>	<b>\$40 per day administered or per prescription filled</b>
<b>Blood/plasma/platelets/immunoglobulins</b> ..... A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	<b>\$150 per day</b>
<b>Bone marrow donor screening</b> ..... Testing in connection with being a potential donor <i>[once per lifetime]</i>	<b>\$50</b>
<b>Bone marrow or peripheral stem cell donation</b> ..... Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	<b>\$500</b>
<b>Bone marrow or peripheral stem cell transplant</b> ..... Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	<b>\$4,000 per transplant</b>
<b>Cancer vaccine</b> ..... An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	<b>\$50</b>
<b>Companion transportation</b> ..... Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,000 per round trip]</i>	<b>\$0.50 per mile</b>
<b>Egg(s) extraction or harvesting/sperm collection and storage</b> Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) extraction or harvesting/sperm collection .....	<b>\$700</b>
■ Egg(s) or sperm storage (cryopreservation) .....	<b>\$200</b>
<b>Experimental treatment</b> ..... Hospital, medical or surgical care for cancer <i>[\$12,500 lifetime max.]</i>	<b>\$250 per day</b>
<b>Family care</b> ..... Inpatient or outpatient treatment for a covered dependent child <i>[\$2,000 calendar year max.]</i>	<b>\$40 per day</b>
<b>Hair/external breast/voice box prosthesis</b> ..... Prosthesis needed as a direct result of cancer	<b>\$200 per calendar year</b>
<b>Home health care services</b> ..... Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	<b>\$75 per day</b>
<b>Hospice (initial or daily care)</b> An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>	
■ Initial hospice care <i>[once per lifetime]</i> .....	<b>\$1,000</b>
■ Daily hospice care .....	<b>\$50 per day</b>





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## BENEFIT DESCRIPTION

## BENEFIT AMOUNT

### Hospital confinement

Hospital stay (including intensive care) required for cancer treatment

- 30 days or less ..... \$150 per day
- 31 days or more ..... \$300 per day

**Lodging** ..... \$50 per day

Hotel/motel expenses when being treated for cancer more than 50 miles from home  
[70-day calendar year max.]

**Medical imaging studies** ..... \$125 per study

Specific studies for cancer treatment [ \$250 calendar year max.]

**Outpatient surgical center** ..... \$200 per day

Surgery at an outpatient center for cancer treatment [ \$600 calendar year max.]

**Private full-time nursing services** ..... \$75 per day

Services while hospital confined other than those regularly furnished by the hospital

**Prosthetic device/artificial limb** ..... \$1,500 per device or limb

A surgical implant needed because of cancer surgery [payable one per site, \$3,000 lifetime max.]

### Radiation/chemotherapy

Weekly benefit [max. once per week]

- Injected chemotherapy by medical personnel ..... \$500
- Radiation delivered by medical personnel ..... \$500

Monthly chemotherapy benefit [max. once per month]

- Self-injected ..... \$200
- Pump ..... \$200
- Topical ..... \$200
- Oral hormonal [1-24 months] ..... \$200
- Oral hormonal [25+ months] ..... \$100
- Oral non-hormonal ..... \$200

**Reconstructive surgery** ..... \$40 per surgical unit

A surgery to reconstruct anatomic defects that result from cancer treatment  
[up to \$2,500 per procedure, including 25% for general anesthesia]

**Second medical opinion** ..... \$200

A second physician's opinion on cancer surgery or treatment [once per lifetime]

**Skilled nursing care facility** ..... \$100 per day

Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]

**Skin cancer initial diagnosis** ..... \$300

A skin cancer diagnosis while the policy is in force [once per lifetime]

**Supportive or protective care drugs and colony stimulating factors** ..... \$100 per day

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments  
[ \$800 calendar year max.]

**Surgical procedures** ..... \$50 per surgical unit

Inpatient or outpatient surgery for cancer treatment [ \$3,000 max. per procedure]

**Transportation** ..... \$0.50 per mile

Travel expenses when being treated for cancer more than 50 miles from home  
[up to \$1,000 per round trip]

**Waiver of premium** ..... Is available

No premiums due if the named insured is disabled longer than 90 consecutive days

### THIS POLICY PROVIDES LIMITED BENEFITS.

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Coverage may vary by state and may not be available in all states. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used, for example: CanAssist-TX). This chart is not complete without form number 101481.

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# Cancer Insurance

## Level 3 Benefits

Cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.



For more information, talk with your benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
<b>Air ambulance</b> ..... Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$2,000 per trip
<b>Ambulance</b> ..... Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$250 per trip
<b>Anesthesia</b> ..... Administered during a surgical procedure for cancer treatment	
■ General anesthesia .....	25% of surgical procedures benefit
■ Local anesthesia .....	\$40 per procedure
<b>Anti-nausea medication</b> ..... Doctor-prescribed medication for radiation or chemotherapy <i>[\$200 monthly max.]</i>	\$50 per day administered or per prescription filled
<b>Blood/plasma/platelets/immunoglobulins</b> ..... A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	\$175 per day
<b>Bone marrow donor screening</b> ..... Testing in connection with being a potential donor <i>[once per lifetime]</i>	\$50
<b>Bone marrow or peripheral stem cell donation</b> ..... Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	\$750
<b>Bone marrow or peripheral stem cell transplant</b> ..... Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	\$7,000 per transplant
<b>Cancer vaccine</b> ..... An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	\$50
<b>Companion transportation</b> ..... Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,200 per round trip]</i>	\$0.50 per mile
<b>Egg(s) extraction or harvesting/sperm collection and storage</b> ..... Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) extraction or harvesting/sperm collection .....	\$1,000
■ Egg(s) or sperm storage (cryopreservation) .....	\$350
<b>Experimental treatment</b> ..... Hospital, medical or surgical care for cancer <i>[\$15,000 lifetime max.]</i>	\$300 per day
<b>Family care</b> ..... Inpatient or outpatient treatment for a covered dependent child <i>[\$2,500 calendar year max.]</i>	\$50 per day
<b>Hair/external breast/voice box prosthesis</b> ..... Prosthesis needed as a direct result of cancer	\$350 per calendar year
<b>Home health care services</b> ..... Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	\$100 per day
<b>Hospice (initial or daily care)</b> ..... An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>	
■ Initial hospice care <i>[once per lifetime]</i> .....	\$1,000
■ Daily hospice care .....	\$50 per day



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## BENEFIT DESCRIPTION

## BENEFIT AMOUNT

### Hospital confinement

Hospital stay (including intensive care) required for cancer treatment

■ 30 days or less	\$250 per day
■ 31 days or more	\$500 per day

### Lodging

Hotel/motel expenses when being treated for cancer more than 50 miles from home  
[70-day calendar year max.]

\$75 per day

### Medical imaging studies

Specific studies for cancer treatment [350 calendar year max.]

\$175 per study

### Outpatient surgical center

Surgery at an outpatient center for cancer treatment [900 calendar year max.]

\$300 per day

### Private full-time nursing services

Services while hospital confined other than those regularly furnished by the hospital

\$125 per day

### Prosthetic device/artificial limb

A surgical implant needed because of cancer surgery [payable one per site, \$4,000 lifetime max.]

\$2,000 per device or limb

### Radiation/chemotherapy

Weekly benefit [max. once per week]

■ Injected chemotherapy by medical personnel	\$750
■ Radiation delivered by medical personnel	\$750

Monthly chemotherapy benefit [max. once per month]

■ Self-injected	\$300
■ Pump	\$300
■ Topical	\$300
■ Oral hormonal [1-24 months]	\$300
■ Oral hormonal [25+ months]	\$150
■ Oral non-hormonal	\$300

### Reconstructive surgery

A surgery to reconstruct anatomic defects that result from cancer treatment  
[up to \$3,000 per procedure, including 25% for general anesthesia]

\$60 per surgical unit

### Second medical opinion

A second physician's opinion on cancer surgery or treatment [once per lifetime]

\$300

### Skilled nursing care facility

Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]

\$100 per day

### Skin cancer initial diagnosis

A skin cancer diagnosis while the policy is in force [once per lifetime]

\$400

### Supportive or protective care drugs and colony stimulating factors

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments  
[1,200 calendar year max.]

\$150 per day

### Surgical procedures

Inpatient or outpatient surgery for cancer treatment [5,000 max. per procedure]

\$60 per surgical unit

### Transportation

Travel expenses when being treated for cancer more than 50 miles from home  
[up to \$1,200 per round trip]

\$0.50 per mile

### Waiver of premium

No premiums due if the named insured is disabled longer than 90 consecutive days

Is available

### THIS POLICY PROVIDES LIMITED BENEFITS.

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Coverage may vary by state and may not be available in all states. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used, for example: CanAssist-TX). This chart is not complete without form number 101481.

To encourage early detection, our cancer insurance offers benefits for wellness and health screening tests.



For more information,  
talk with your  
benefits counselor.

### Part one: Cancer wellness/health screening

Provided when one of the tests listed below is performed after the waiting period and while the policy is in force. Payable once per calendar year, per covered person.

#### Cancer wellness tests

- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Skin biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

#### Health screening tests

- Blood test for triglycerides
- Carotid Doppler
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Serum cholesterol test for HDL and LDL levels
- Stress test on a bicycle or treadmill

### Part two: Cancer wellness — additional invasive diagnostic test or surgical procedure

Provided when a doctor performs a diagnostic test or surgical procedure after the waiting period as the result of an abnormal result from one of the covered cancer wellness tests in part one. We will pay the benefit regardless of the test results. Payable once per calendar year, per covered person.

Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable.

The policy has exclusions and limitations which may affect any benefits payable. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form CanAssist (and state abbreviations where applicable, for example: CanAssist-TX).

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## Hospital Indemnity Insurance

### How will you pay for what your health insurance won't cover?

No matter how well you plan, you can't predict when sudden medical expenses could impact your way of life. Health insurance helps, but it doesn't cover everything. For instance, the average family has more than \$4,500 in out-of-pocket medical costs each year.<sup>1</sup>

If you're admitted to the hospital for a covered accident or covered sickness, Medical Bridge,<sup>SM</sup> Colonial Life & Accident Insurance Company's hospital indemnity insurance, could help pay for out-of-pocket expenses, such as deductibles, co-payments and other expenses. It's coverage that can help protect what you've worked so hard to build.

Nearly one in four working-age Americans say they have past-due medical debt.<sup>2</sup>

<sup>1</sup> Milliman, 2017 Milliman Medical Index, 2017.

<sup>2</sup> Urban Institute, Past-Due Medical Debt among Nonelderly Adults, 2012–15, 2017.



# Hospital Confinement Indemnity Insurance

## Plan 1



For more information,  
talk with your  
benefits counselor.

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Our Individual Medical Bridge<sup>SM</sup> insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

**Hospital confinement** ..... \$1,000 or 1,500

Maximum of one benefit per covered person per calendar year

**Observation room** ..... \$100 per visit

Maximum of two visits per covered person per calendar year

**Rehabilitation unit confinement** ..... \$100 per day

Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

### **Waiver of premium**

Available after 30 continuous days of a covered hospital confinement of the named insured

### **Health savings account (HSA) compatible**

This plan is compatible with HSA guidelines. This plan may also be offered to employees who do not have HSAs.

Colonial Life & Accident Insurance Company's Individual Medical Bridge offers an HSA-compatible plan in most states.

### **THIS POLICY PROVIDES LIMITED BENEFITS.**

#### **EXCLUSIONS**

We will not pay benefits for injuries received in accidents or for sicknesses which are caused by: (a) intoxicants and narcotics, (b) dental procedures, (c) elective procedures and cosmetic surgery, (d) felonies or illegal occupations, (e) pregnancy of a dependent child, (f) psychiatric or psychological conditions, (g) suicide or injuries which any covered person intentionally does to himself or herself, or (h) war. We will not pay benefits for hospital confinement (i) due to giving birth within the first nine months after the effective date of the policy or (j) for a newborn who is neither injured nor sick. (k) The policy may have additional exclusions and limitations which may affect any benefits payable.

#### **PRE-EXISTING CONDITION LIMITATION**

(l) We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. (m) A pre-existing condition is a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the effective date of the policy. (n) This limitation applies to the following benefits, if applicable: Hospital Confinement, Daily Hospital Confinement, Enhanced Intensive Care Unit Confinement and Rehabilitation Unit Confinement.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IMB7000 (including state abbreviations where used, for example: IMB7000-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

**This form is not complete without form #562973.**

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# Hospital Confinement Indemnity Insurance

## Health Screening



For more information,  
talk with your  
benefits counselor.

ColonialLife.com

Individual Medical Bridge<sup>SM</sup> insurance's health screening benefit can help pay for health and wellness tests you have each year.

**Health screening** ..... \$ 50

Payable once per covered person per calendar year; subject to a 30-day waiting period.

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

**MO & ND:** Waiting period does not apply

**THIS POLICY PROVIDES LIMITED BENEFITS.**

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IMB7000 (including state abbreviations where used, for example: IMB7000-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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# Whole Life Plus Insurance

You can't predict your family's future, but you can be prepared for it.

Give your family peace of mind and coverage for final expenses with Whole Life Plus insurance from Colonial Life.

## BENEFITS AND FEATURES

- ✓ Choose the age when your premium payments end — Paid-Up at Age 70 or Paid-Up at Age 100
- ✓ Stand-alone spouse policy available even without buying a policy for yourself
- ✓ Ability to keep the policy if you change jobs or retire
- ✓ Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to \$150,000) if you're diagnosed with a terminal illness<sup>2</sup>
- ✓ Immediate \$3,000 claim payment that can help your designated beneficiary pay for funeral costs or other expenses
- ✓ Provides cash surrender value at age 100 (when the policy ends)

## ADDITIONAL COVERAGE OPTIONS

### Spouse term rider

Cover your spouse with a death benefit up to \$50,000, for 10 or 20 years.

### Juvenile Whole Life Plus policy

Purchase a policy (paid-up at age 70) while children are young and premiums are low — whether or not you buy a policy for yourself. You may also increase the coverage when the child is 18, 21 and 24 without proof of good health.

### Children's term rider

You may purchase up to \$20,000 in term life coverage for all of your eligible dependent children and pay one premium. The children's term rider may be added to either your policy or your spouse's policy — not both.

## ADVANTAGES OF WHOLE LIFE PLUS INSURANCE

- Permanent coverage that stays the same through the life of the policy
- Premiums will not increase due to changes in health or age
- Accumulates cash value based on a non-forfeiture interest rate of 3.75%<sup>1</sup>
- Policy loans available, which can be used for emergencies
- Benefit for the beneficiary that is typically tax-free



Your cost will vary based on the amount of coverage you select.

## Benefits worksheet

For use with your benefits counselor

### How much coverage do you need?

☐ YOU \$ \_\_\_\_\_

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

☐ SPOUSE \$ \_\_\_\_\_

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

☐ DEPENDENT STUDENT  
\$ \_\_\_\_\_

Select the option:

☐ Paid-Up at Age 70

☐ Paid-Up at Age 100

### Select any optional riders:

- ☐ Spouse term rider  
\$ \_\_\_\_\_ face amount  
for \_\_\_\_\_-year term period
- ☐ Children's term rider  
\$ \_\_\_\_\_ face amount
- ☐ Accidental death benefit rider
- ☐ Chronic care accelerated death benefit rider
- ☐ Critical illness accelerated death benefit rider
- ☐ Guaranteed purchase option rider
- ☐ Waiver of premium benefit rider



To learn more, talk with  
your benefits counselor.

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## ADDITIONAL COVERAGE OPTIONS (CONTINUED)

### Accidental death benefit rider

The beneficiary may receive an additional benefit if the covered person dies as a result of an accident before age 70. The benefit doubles if the accidental bodily injury occurs while riding as a fare-paying passenger using public transportation, such as ride-sharing services. An additional 25% will be payable if the injury is sustained while driving or riding in a private passenger vehicle and wearing a seatbelt.

### Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.<sup>2</sup> A chronic illness means you require substantial supervision due to a severe cognitive impairment or you may be unable to perform at least two of the six Activities of Daily Living (bathing, continence, dressing, eating, toileting and transferring). Premiums are waived during the benefit period.

### Critical illness accelerated death benefit rider

If you suffer a heart attack (myocardial infarction), stroke or end-stage renal (kidney) failure, a \$5,000 benefit is payable.<sup>2</sup> A subsequent diagnosis benefit is included.

### Guaranteed purchase option rider

This rider allows you to purchase additional whole life coverage – without having to answer health questions – at three different points in the future. The rider may only be added if you are age 50 or younger when you purchase the policy. You may purchase up to your initial face amount, not to exceed a total combined maximum of \$100,000 for all options.

### Waiver of premium benefit rider

Premiums are waived (for the policy and riders) if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period. Once you are no longer disabled, premium payments will resume.

1. Accessing the accumulated cash value reduces the death benefit by the amount accessed, unless the loan is repaid. Cash value will be reduced by any outstanding loans against the policy.
2. Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.

**EXCLUSIONS AND LIMITATIONS:** If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid without interest, minus any loans and loan interest to you.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy forms ICC19-IWL5000-70/IWL5000-70, ICC19-IWL5000-100/IWL5000-100, ICC19-IWL5000J/IWL5000J and rider forms ICC19-R-IWL5000-STR/R-IWL5000-STR, ICC19-R-IWL5000-CTR/R-IWL5000-CTR, ICC19-R-IWL5000-WP/R-IWL5000-WP, ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD, ICC19-R-IWL5000-CI/R-IWL5000-CI, ICC19-R-IWL5000-CC/R-IWL5000-CC, ICC19-R-IWL5000-GPO/R-IWL5000-GPO. For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

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FOR EMPLOYEES 6-21 | 642298





## Accident Insurance

### Accidents can happen to anyone

No matter who you are, what you do or where you live, you could get hurt accidentally. It's just the nature of life.

And accidents can come with costs, such as emergency room fees, doctor's bills, and the costs of missing work. Even if you have good health insurance, deductibles and co-pays can really add up after an accident. Would you have savings available to pay these costs?

But with accident insurance, you can receive money paid directly to you to help with all the expenses of a covered accident. So you can focus on what really matters: healing.



Every 10 minutes, nearly  
750 Americans suffer an injury severe  
enough to seek medical help.

National Safety Council, *Injury Facts*, 2017





# Accident Insurance

## Basic 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	\$100
X-ray	\$30
Laceration (no stitches)	\$30
Fracture (hand)	\$325
Medical equipment (splint)	\$30
Accident follow-up treatment (3 visits)	\$135
Total: \$650	

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	\$150
Accidental injury due to an automobile accident	\$250
Accident emergency treatment	\$100
X-ray	\$30
Medical imaging study (CT)	\$150
Hospital admission	\$1,000
Hospital confinement (3 days)	\$600
Thigh fracture – femur (surgical)	\$2,800
Surgery (exploratory/arthroscopic)	\$200
Medical equipment (crutches)	\$75
Accident follow-up treatment (6 visits)	\$270
Physical therapy (8 days)	\$200

**Total: \$5,825**

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

#### INITIAL CARE

Accident emergency treatment	\$100
Hospital emergency room, urgent care facility or physician's office	
Accidental injury due to an automobile accident	\$250
Air ambulance <sup>1</sup>	\$1,200
Ambulance – ground or water <sup>1</sup>	\$150
Observation room (up to two days per calendar year)	\$150 per day
X-ray	\$30

#### COMMON ACCIDENTAL INJURIES

Burn (based on size and degree)	\$1,000 – \$9,000
Burn – skin graft	50% of applicable burn benefit
Coma (lasting for seven or more consecutive days)	\$10,000
Concussion	\$100
Dislocation – separated joint	
■ Non-surgical – repair	\$75 – \$1,750
Incomplete dislocation – or dislocation without anesthesia	25% of benefit
Examples: elbow: \$400   ankle: \$750   knee: \$1,000   hip: \$1,750	
■ Surgical – repair	\$150 – \$3,500
Examples: elbow: \$800   ankle: \$1,500   knee: \$2,000   hip: \$3,500	
Emergency dental work	\$50 – \$150
Dental extraction or dental crown, denture or implant	
Eye injury – with surgical repair or removal of a foreign object	\$200
Fracture – complete	
■ Non-surgical – repair	\$250 – \$2,500
Chip fracture	25% of benefit
Examples: hand: \$325   foot: \$325   collarbone: \$500   leg: \$750	
■ Surgical – repair	\$500 – \$5,000
Examples: hand: \$650   foot: \$650   collarbone: \$1,000   leg: \$1,500	
Hearing-loss injuries <sup>2</sup>	\$120
Knee cartilage – torn (with surgical repair)	\$500
Laceration (based on repair and length)	\$30 – \$500
Ruptured disc (with surgical repair)	\$500
Tendon/ligament/rotator cuff (with surgical repair)	
■ One	\$500
■ Two or more	\$1,000

#### HOSPITAL CARE

Hospital admission	\$1,000
Hospital confinement (up to 365 days)	\$200 per day
Hospital sub-acute intensive care unit confinement (up to 30 days)	\$275 per day
Intensive care unit admission	\$1,500
Intensive care unit confinement (up to 15 days)	\$350 per day

#### SURGICAL CARE

Blood/plasma/platelets – transfusion	\$300
Surgery (based on type of repair and surgery)	\$175 – \$1,000

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** ..... \$400 per round trip  
(up to three round trips, 50+ miles from home)

**Lodging – companion** (up to 30 days) ..... \$100 per day

## FOLLOW-UP CARE

**Accident follow-up treatment – including transportation/telemedicine** ..... \$45  
(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** ..... \$75  
Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, shower chair,  
walker or walking boot
- **Tier 3** ..... \$150  
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** ..... \$150  
(one per calendar year)

**Pain management for epidural anesthesia – non-surgical** ..... \$100

**Post-traumatic stress disorder (PTSD)** ..... \$200

### Prosthetic device/artificial limb

- **One** ..... \$500     ■ **More than one** ..... \$1,000
- **Repair/replacement<sup>3</sup>** ..... \$250/\$500

**Rehabilitation unit confinement** ..... \$100 per day  
(up to 15 days, not to exceed 30 days per calendar year)

**Therapy – occupational, physical or speech** (up to 10 days) ..... \$25 per day

## ACCIDENTAL DISMEMBERMENT

**Accidental dismemberment** ..... \$300<sup>4</sup> – \$15,000

- 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** ..... \$10,000<sup>5</sup>
  - 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** ..... \$25,000
- **Child** ..... \$5,000

### Accidental death common carrier

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

- **Named insured, spouse** ..... \$100,000
- **Child** ..... \$15,000



For more information,  
talk with your  
benefits counselor.





# Accident Insurance

## Preferred Plan

Nobody expects an accident to happen. But if it does, your main focus should be on recovery, not how you’re going to pay your bills. Colonial Life accident insurance provides benefits directly to you to use however you like – from medical costs to everyday expenses. Whether it’s a fall or a car accident, your benefits offer support when you need it.

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	\$125
X-ray	\$30
Laceration (no stitches)	\$30
Fracture (hand)	\$375
Medical equipment (splint)	\$30
Accident follow-up treatment (3 visits)	\$165

Total: \$755

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	\$200
Accidental injury due to an automobile accident	\$250
Accident emergency treatment	\$125
X-ray	\$30
Medical imaging study (CT)	\$200
Hospital admission	\$1,000
Hospital confinement (3 days)	\$750
Thigh fracture – femur (surgical)	\$4,400
Surgery (exploratory/arthroscopic)	\$300
Medical equipment (crutches)	\$100
Accident follow-up treatment (6 visits)	\$330
Physical therapy (8 days)	\$280
<b>Total: \$7,965</b>	

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

#### INITIAL CARE

Accident emergency treatment	\$125
Hospital emergency room, urgent care facility or physician's office	
Accidental injury due to an automobile accident	\$250
Air ambulance <sup>1</sup>	\$2,000
Ambulance – ground or water <sup>1</sup>	\$200
Observation room (up to two days per calendar year)	\$150 per day
X-ray	\$30

#### COMMON ACCIDENTAL INJURIES

Burn (based on size and degree)	\$1,000 – \$12,000
Burn – skin graft	50% of applicable burn benefit
Coma (lasting for seven or more consecutive days)	\$12,500
Concussion	\$150
Dislocation – separated joint	
■ Non-surgical – repair	\$100 – \$2,250
Incomplete dislocation – or dislocation without anesthesia	25% of benefit
Examples: elbow: \$500   ankle: \$1,000   knee: \$1,125   hip: \$2,250	
■ Surgical – repair	\$200 – \$4,500
Examples: elbow: \$1,000   ankle: \$2,000   knee: \$2,250   hip: \$4,500	
Emergency dental work	\$100 – \$300
Dental extraction or dental crown, denture or implant	
Eye injury – with surgical repair or removal of a foreign object	\$300
Fracture – complete	
■ Non-surgical – repair	\$250 – \$3,000
Chip fracture	25% of benefit
Examples: hand: \$375   foot: \$375   collarbone: \$625   leg: \$1,000	
■ Surgical – repair	\$500 – \$6,000
Examples: hand: \$750   foot: \$750   collarbone: \$1,250   leg: \$2,000	
Hearing-loss injuries <sup>2</sup>	\$120
Knee cartilage – torn (with surgical repair)	\$650
Laceration (based on repair and length)	\$30 – \$600
Ruptured disc (with surgical repair)	\$750
Tendon/ligament/rotator cuff (with surgical repair)	
■ One	\$650
■ Two or more	\$1,300

#### HOSPITAL CARE

Hospital admission	\$1,000
Hospital confinement (up to 365 days)	\$250 per day
Hospital sub-acute intensive care unit confinement (up to 30 days)	\$325 per day
Intensive care unit admission	\$2,000
Intensive care unit confinement (up to 15 days)	\$450 per day

#### SURGICAL CARE

Blood/plasma/platelets – transfusion	\$300
Surgery (based on type of repair and surgery)	\$200 – \$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** ..... \$600 per round trip  
(up to three round trips, 50+ miles from home)

**Lodging – companion** (up to 30 days) ..... \$125 per day

## FOLLOW-UP CARE

**Accident follow-up treatment – including transportation/telemedicine** ..... \$55  
(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** ..... \$100

Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, shower chair,  
walker or walking boot

■ **Tier 3** ..... \$200

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** ..... \$200  
(one per calendar year)

**Pain management for epidural anesthesia – non-surgical** ..... \$100

**Post-traumatic stress disorder (PTSD)** ..... \$200

### Prosthetic device/artificial limb

■ **One** ..... \$750     ■ **More than one** ..... \$1,500

■ **Repair/replacement<sup>3</sup>** ..... \$375/\$750

**Rehabilitation unit confinement** ..... \$150 per day  
(up to 15 days, not to exceed 30 days per calendar year)

**Therapy – occupational, physical or speech** (up to 10 days) ..... \$35 per day

## ACCIDENTAL DISMEMBERMENT

**Accidental dismemberment** ..... \$450 – \$20,000

■ 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<sup>4</sup>

### Accidental dismemberment due to a catastrophic accident

**Named insured, spouse or child** ..... \$25,000<sup>5</sup>

■ 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** ..... \$40,000

■ **Child** ..... \$10,000

### Accidental death common carrier

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

■ **Named insured, spouse** ..... \$160,000

■ **Child** ..... \$30,000



For more information,  
talk with your  
benefits counselor.



# 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** ..... \$ 50

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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**ID, MD, MO, ND:** Waiting period does not apply  
**WV:** Includes human papillomavirus screening test

**THIS POLICY PROVIDES LIMITED BENEFITS.**

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IAC4000 (including state abbreviations where used, for example: IAC4000-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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## Disability Insurance

### Is your paycheck protected?

It's important to be financially prepared for the future. That's why you have insurance for your house, your car and your health. But if you're like many Americans, you don't have insurance for the one thing you use to pay for these expenses — your paycheck.

If an accident or illness prevented you from earning an income, how would you pay for your everyday expenses? You never know how long a disability could last, so it's important to have a backup plan.

Colonial Life's disability insurance can help protect your way of life by providing a monthly benefit for a covered disability.



Just over 1 in 4 of today's 20-year-olds will become disabled before reaching normal retirement age.

Council for Disability Awareness,  
The Crisis of Disability Coverage in America, 2018.



# No matter where you are in life, a disability could prevent you from earning an income



Recent college  
graduate with  
first full-time job

## ARIA

*While jogging after work one evening, Aria injured her leg. Her doctor advised her to stay off of her leg for three weeks. After using paid time off for a week, Aria stopped receiving a paycheck.*

### How her disability policy helped:

*Aria used her disability benefits to help with her rent and monthly student loan payment.*



New parents  
living paycheck  
to paycheck

## EMILY & CALEB

*After having a baby, Emily went out on maternity leave. Without her income, the couple was worried about how they'd pay for everyday expenses. Fortunately, Emily purchased a disability policy from her company two years ago.*

### How her disability policy helped:

*Emily's benefits helped the couple pay for their growing family's ongoing expenses, and they didn't have to use any of the money they'd been saving for a bigger house.*



50-year-old  
father of the bride

## OWEN

*Owen suffered a heart attack and had to have surgery. He needed to take an unpaid leave of absence from work to recover. During this time, he received his usual monthly bills.*

### How his disability policy helped:

*Owen's disability benefits helped provide him with the comfort of knowing that his bills wouldn't get in the way of giving his daughter the wedding of her dreams.*







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You never know when a disability could impact your way of life. Fortunately, there's a way to help protect your income. If a covered accident or sickness prevents you from earning a paycheck, disability insurance can provide a monthly benefit to help you cover your ongoing expenses.

## Can you afford to not protect your income?

You don't have the same lifestyle expenses as the next person. That's why you need disability coverage that can be customized to fit your specific needs.

After calculating your monthly expenses, your benefits counselor can help you complete the benefits worksheet.

		MONTHLY EXPENSES
		Round to the nearest hundred.
1	Rent or mortgage	\$
2	Transportation	\$
3	Utilities (phone, internet, electricity/gas, water, etc.)	\$
4	Food and necessities	\$
5	Other expenses	\$
<b>Total monthly expenses (add lines 1-5 together)</b>		\$

## Benefits worksheet

### How much coverage do I need?

Monthly benefit amount for off-job accident and off-job sickness: \_\_\_\_\_

Choose a monthly benefit amount between \$400 and \$6,500.\*

*If your plan includes on-job accident/sickness benefits, the benefit is 50% of the off-job amount.*

### What is the benefit period?

Benefit period: \_\_\_\_\_ months

The partial disability benefit period is three months.

### When may my total disability benefits start?

After an accident: \_\_\_\_\_ days

After a sickness: \_\_\_\_\_ days

## Product information

### Total disability definition

Totally disabled or total disability means you are: unable to perform the material and substantial duties of your occupation, not, in fact, working at any occupation, and under the regular and appropriate care of a physician.

### How partial disability works

If you are able to return to work part time after at least 14 days of being paid for a total disability, you may be able to still receive 50% of your total disability benefit.

### Waiver of premium

We will waive your premium payments after 90 consecutive days of a covered disability.

### Geographical limitations

If you are disabled while outside of the United States, Canada or Mexico, you may receive benefits for up to 60 days before you have to return to the U.S. in order to continue receiving benefits.

### Issue age

Coverage is available from ages 17 to 74.

### Keep your coverage

You can keep your coverage to age 75 at no additional cost, even if you change jobs, as long as you pay your premiums when they are due.



**For more information, talk with your benefits counselor.**

### EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of: cosmetic surgery, felonies or illegal occupations, flying, hazardous avocations, intoxicants and narcotics, mental or nervous disorders, racing, semi-professional or professional sports, substance abuse, suicide or injuries which you intentionally do to yourself, war or armed conflict. We will not pay for losses due to you giving birth within the first nine months after the coverage effective date of the policy. We will not pay for loss when the disability is a pre-existing condition as described in the policy.

Pre-existing condition means a sickness or physical condition, whether diagnosed or not, for which you were treated, had medical testing, received medical advice or had taken medication within 12 months before the policy coverage effective date shown on the policy schedule.

After this policy has been in force for 12 months (six (6) months if you are age 65 or older on the policy coverage effective date) from the policy coverage effective date shown on the policy schedule, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered disability began at least 12 months (six (6) months if you are age 65 or older on the Policy Coverage Effective Date) after the policy coverage effective date and the elimination period has been satisfied.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form ISTD3000-TX and rider form ISTD3000-ADIB-TX. This is not an insurance contract and only the actual policy and rider provisions will control.

## Notes:



