

Accident 1.0

Colonial Life's voluntary accident insurance policy is a medical indemnity plan that provides employees and their families with hospital, doctor, accidental death and catastrophic accident benefits in the event of a covered accident. Sample CA Rates shown at the bottom represent On/Offjob coverage with Health Screening. Accident coverage is pre-tax eligible.

Base Policy Benefits	Basic	Preferred	Premier
Accident Emergency Treatment For treatment in a doctor's office, urgent care facility or emergency room within the first 72 hours of the accident. If initially treated after 72 hours, please see Accident Follow-up Doctor's Visit	\$75	\$125	\$125
Accident Follow-Up Doctor Visit	\$50/visit up to 2 visits per accident	\$50/visit up to 3 visits per accident	\$50/visit up to 4 visits per accident
Accidental Death	\$20,000 Employee \$20,000 Spouse \$4,000 Child(ren)	\$25,000 Employee \$25,000 Spouse \$5,000 Child(ren)	\$50,000 Employee \$50,000 Spouse \$10,000 Child(ren)
Accidental Death: Common Carrier	\$80,000 Employee \$80,000 Spouse \$16,000 Child(ren)	\$100,000 Employee \$100,000 Spouse \$20,000 Child(ren)	\$200,000 Employee \$200,000 Spouse \$40,000 Child(ren)
Accidental Dismemberment: (Loss of Finger/Toe/Hand/Foot or Sight)	\$600- \$12,000	\$750- \$15,000	\$1,200-\$24,000
Ambulance - Air	\$1,200	\$2,000	\$2,000
Ambulance - Ground	\$120	\$200	\$200
Appliances (such as wheelchair, crutches)	\$75	\$100	\$100
Blood/Plasma/Platelets	\$300	\$300	\$300
Burns (based on size and degree)	\$1,000- \$12,000	\$1,000- \$12,000	\$1,000- \$12,000
Burns - Skin Graft	50% of burn benefit	50% of burn benefit	50% of burn benefit
Catastrophic Accident – prior to 65 (For severe injuries that result in the total and irrevocable: loss of one hand and one foot; loss of both hands or both feet; loss of sight in both eyes; loss of hearing of both ears; loss of the ability to speak.) 365 day elimination period Amounts reduced for covered persons over age 65	\$10,000 EE/SP \$5,000 CH	\$25,000 EE/SP \$12,500 CH	\$25,000 EE/SP \$12,500 CH
Coma (duration of at least 7 days)	\$7,500	\$10,000	\$12,500
Concussion	\$60	\$60	\$60
Dislocation (Based on joint and if repaired by open or closed reduction)	\$90-\$3,600	\$110 - \$4,400	\$120 - \$4,800
Emergency Dental Work	\$200 (crown, implant or denture) or \$50 (extract)	\$300 (crown, implant or denture) or \$75 (extract)	\$400 (crown, implant or denture) or \$100 (extract)
Eye Injury	\$200	\$300	\$300
Fractures (Based on bone and if repaired by open or closed reduction)	\$90 - \$4,500	\$110 - \$5,500	\$120 - \$6,000
Hospital Admission*	\$750/accident	\$1,000/accident	\$1,250/accident
Hospital Confinement (Per day up to 365 days)	\$175	\$225	\$250
Hospital ICU Admission*	\$1,500/accident	\$2,000/accident	\$2,500/accident
Hospital ICU Confinement (Up to 15 days per accident)	\$350	\$450	\$500

Knee Cartilage - Torn	\$500	\$500	\$750
Laceration (based on size and repair)	\$30-\$500	\$30-\$500	\$30-\$500
Lodging (Companion)	\$100 per day up to 30 days	\$125 per day up to 30 days	\$150 per day up to 30 days
Medical Imaging Study Limit one accident per year	\$100 per accident	\$150 per accident	\$200 per accident
Prosthetic Device/Artificial Limb	\$500 (1); \$1,000 (2 or more)	\$500 (1); \$1,000 (2 or more)	\$750 (1); \$1,500 (2 or more)
Rehabilitation Unit Confinement Up to 15 days per confinement per covered accident. Maximum of 30 days per calendaryear.	\$100/day	\$100/day	\$150/day
Ruptured Disc	\$500	\$500	\$750
Surgery-Cranial, Open Abdominal, Thoracic	\$1,000:	\$1,500	\$1,500
Surgery- Hernia	\$100	\$150	\$150
Surgery – Exploratory or Arthroscopic	\$150	\$200	\$200
Tendon/Ligament/Rotator Cuff	\$500 (1); \$1,000 (2 or more)	\$500 (1); \$1,000 (2 or more)	\$750 (1); \$1,500 (2 or more)
Therapy - Occupational and Physical Therapy Benefit	\$25 per day(10 visits/accident)	\$25 per day(10 visits/accident)	\$35 per day(10 visits/accident)
Transportation up to 3 trips per accident	\$400 per trip	\$500 per trip	\$600 per trip
X-Ray Benefit	\$20	\$30	\$40
Health Screening Benefit Per covered person per calendaryear	\$50	\$50	\$50
Mammography Benefit	\$200	\$200	\$200
* We will pay either the Hospital Admission or Hospital ICU Admission benefit, but not both.			

MONTHLY RATES (12 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic	17-64	\$21.11	\$29.87	\$29.73	\$38.50
Preferred	17-64	\$25.67	\$35.91	\$37.19	\$47.42
Premier	17-64	\$31.03	\$43.26	\$44.22	\$56.44
11THLY RATES (11 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic	17-64	\$23.03	\$32.59	\$32.43	\$42.00
Preferred	17-64	\$28.00	\$39.17	\$40.57	\$51.73
Premier	17-64	\$33.85	\$47.19	\$48.24	\$61.57
10THLY RATES (10 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic	17-64	\$25.33	\$35.84	\$35.68	\$46.20
Preferred	17-64	\$30.80	\$43.09	\$44.63	\$56.90
Premier	17-64	\$37.24	\$51.91	\$53.06	\$67.73
SEMI-MONTHLY RATES (24 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic	17-64	\$10.56	\$14.94	\$14.87	\$19.25
Preferred	17-64	\$12.84	\$17.96	\$18.60	\$23.71
Premier	17-64	\$15.52	\$21.63	\$22.11	\$28.22
BI-WEEKLY (26 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic	17-64	\$9.74	\$13.79	\$13.72	\$17.77
Preferred	17-64	\$11.85	\$16.57	\$17.16	\$21.89
Premier	17-64	\$14.32	\$19.97	\$20.41	\$26.05