

Group Accident (GAC4100)

Our Group Accident (GAC4100) insurance is designed to help covered employees meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. Indemnity lump sum benefits are payable directly to the employee based on the amount of coverage listed in the schedule of benefits, regardless of any other insurance the employee may have.

Product Features

- **Situs state:** In multi-state enrollments, employees will receive the same benefit options and rates.
- **Composite rates:** All eligible employees in an account have the same rate, regardless of risk class or age.
- **Guaranteed issue** means no medical underwriting to qualify for coverage.
- **Family coverage options:** Employees can choose whether they want individual or family coverage.
 - Coverage options: employee; employee and spouse; employee and dependent child(ren); or employee, spouse and dependent child(ren)
 - Benefit amounts are the same for employee, spouse and dependent children, with the exception of accidental death benefits for children.
- **Portability:** Included; an employee can take this coverage with them if they change jobs or leave the company while the master policy is in force.
- **Health Savings Account (HSA) compliant**
- **Worldwide coverage:** Included; coverage is available if a covered person is injured while traveling globally.

Available Plans

This policy offers four base Group Accident plan choices:

- Economy
- Basic
- Preferred
- Premier

The employer can choose a maximum of two plans to offer their employees.

On/Off Job or Off-Job Only accident coverage is available for the account based on employer choice.

Accident Coverage Benefits

Benefits are payable once per covered person for each covered accident unless otherwise noted.

Injury Benefits	Economy	Basic	Preferred	Premier
2 nd Degree Burns – At least 5%, but less than 20% of skin surface	\$250	\$375	\$500	\$750
2 nd Degree Burns – 20 % or greater of skin surface	\$500	\$750	\$1,000	\$1,500
3 rd Degree Burns – Less than 5% of skin surface	\$1,000	\$1,500	\$2,000	\$3,000
3 rd Degree Burns – At least 5%, but less than 20% of skin surface	\$3,000	\$6,000	\$7,000	\$10,000
3 rd Degree Burns – 20% or greater of skin surface	\$9,000	\$12,000	\$15,000	\$21,000
Concussion	\$125	\$275	\$375	\$500
Connective Tissue Damage – One connective tissue	\$100	\$100	\$100	\$100
Connective Tissue Damage – Two or more connective tissues	\$200	\$200	\$200	\$200
Eye Injury	\$100	\$200	\$300	\$400
Hearing Loss Injuries <i>Once per lifetime per ear per Insured</i>	\$120	\$120	\$120	\$120
Injury Due to Auto Accident	\$250	\$250	\$250	\$250
Internal Injuries	\$200	\$200	\$200	\$200
Knee Cartilage (Meniscus) Injury	\$50	\$100	\$150	\$200
Lacerations – No repair	\$25	\$50	\$50	\$75
Lacerations – Repair less than 2 inches	\$75	\$75	\$150	\$150
Lacerations – Repair at least 2 inches, but less than 6 inches	\$300	\$300	\$300	\$600
Lacerations – Repair 6 inches or greater	\$600	\$600	\$600	\$1,200
Loss of a Digit – Partial dismemberment of one finger or toe	\$100	\$200	\$300	\$400
Loss of a Digit – Partial dismemberment of two or more fingers or toes	\$200	\$400	\$600	\$800
Loss of a Digit – One digit (except a thumb or big toe)	\$250	\$500	\$750	\$1,000
Loss of a Digit – One digit (a thumb or big toe)	\$500	\$750	\$1,000	\$1,500
Loss of a Digit – Two or more digits	\$1,000	\$1,500	\$2,000	\$3,000
Ruptured or Herniated Disc – One disc	\$100	\$125	\$150	\$200
Ruptured or Herniated Disc – Two or more discs	\$200	\$250	\$300	\$400
Fracture and Dislocation Benefits <i>Maximum of two times the combined total amount for the bone with the highest benefit amount across Fractures and Dislocation and corresponding Surgical Repair benefits.</i>	Economy	Basic	Preferred	Premier
Fractures – Ankle (including malleus and lower tibia or fibula)	\$750	\$1,020	\$1,200	\$1,200
Fractures – Bones of the face or nose (except mandible or maxilla)	\$350	\$700	\$910	\$1,295
Fractures – Coccyx, sacrum	\$180	\$240	\$320	\$420
Fractures – Collarbone (clavicle, sternum)	\$600	\$810	\$1,200	\$1,200
Fractures – Finger	\$160	\$200	\$200	\$200
Fractures – Foot or heel (except toes)	\$750	\$1,020	\$1,200	\$1,200
Fractures – Forearm (radius or ulna)	\$750	\$1,020	\$1,200	\$1,200
Fractures – Hand (except fingers)	\$750	\$1,020	\$1,200	\$1,200
Fractures – Hip	\$900	\$2,100	\$3,150	\$4,200
Fractures – Kneecap (patella)	\$750	\$1,020	\$1,200	\$1,200
Fractures – Leg (mid to upper tibia and/or fibula)	\$750	\$1,200	\$1,800	\$2,400
Fractures – Lower jaw, mandible (except alveolar process)	\$360	\$720	\$1,200	\$1,200
Fractures – Pelvis (includes ilium, ischium, pubic, acetabulum except coccyx)	\$750	\$1,650	\$2,400	\$3,225
Fractures – Rib	\$175	\$225	\$375	\$500

Applicable to UT

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This information is only intended for proposal use with employers.

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Fractures – Shoulder blade (scapula)	\$600	\$810	\$1,200	\$1,200
Fractures – Skull, depressed skull fracture (except bones of face or nose)	\$1,750	\$2,250	\$3,750	\$5,000
Fractures – Skull, non-depressed skull fracture (except bones of face or nose)	\$800	\$1,200	\$1,800	\$2,400
Fractures – Thigh (femur)	\$900	\$2,100	\$3,150	\$4,200
Fractures – Toe	\$160	\$200	\$200	\$200
Fractures – Upper arm between elbow and shoulder (humerus)	\$350	\$700	\$1,050	\$1,400
Fractures – Upper jaw, maxilla (except alveolar process)	\$350	\$700	\$1,050	\$1,400
Fractures – Vertebrae, body of (except vertebral processes)	\$750	\$1,800	\$2,700	\$3,600
Fractures – Vertebral processes	\$420	\$450	\$630	\$810
Fractures – Wrist (except fingers)	\$750	\$1,020	\$1,200	\$1,200
Fractures – Chip fracture <i>Payable as a % of the applicable Fractures benefit</i>	25%	25%	25%	25%
Dislocations – Ankle	\$560	\$960	\$1,200	\$1,600
Dislocations – Bone or bones of the foot (except toes)	\$560	\$960	\$1,200	\$1,600
Dislocations – Bone or bones of the hand (except fingers)	\$210	\$540	\$810	\$1,050
Dislocations – Collarbone (acromioclavicular and separation)	\$100	\$140	\$200	\$280
Dislocations – Collarbone (sternoclavicular)	\$300	\$500	\$800	\$1,100
Dislocations – Elbow	\$210	\$330	\$450	\$600
Dislocations – Finger	\$100	\$140	\$200	\$260
Dislocations – Hip	\$1,600	\$2,000	\$3,000	\$4,000
Dislocations – Knee (except patella)	\$800	\$1,000	\$1,500	\$2,000
Dislocations – Lower jaw	\$210	\$450	\$720	\$990
Dislocations – Shoulder (glenohumeral)	\$210	\$750	\$1,200	\$1,200
Dislocations – Toe	\$100	\$140	\$200	\$260
Dislocations – Wrist	\$210	\$390	\$600	\$750
Dislocations – Incomplete dislocation <i>Payable as a % of the applicable Dislocations benefit</i>	25%	25%	25%	25%
Treatment Benefits	Economy	Basic	Preferred	Premier
Air Ambulance	\$500	\$1,000	\$1,500	\$2,000
Ambulance (Ground or Water)	\$100	\$200	\$300	\$400
Durable Medical Equipment – Tier 1	\$25	\$35	\$50	\$65
Durable Medical Equipment – Tier 2	\$50	\$75	\$100	\$125
Durable Medical Equipment – Tier 3	\$100	\$150	\$200	\$250
Emergency Dental Repair – Dental crown, denture, or implant	\$75	\$150	\$300	\$600
Emergency Dental Repair – Dental extraction, filling, or chip repair	\$25	\$50	\$100	\$200
Emergency Department <i>(Calendar Year Maximum)</i>	\$100 4	\$150 4	\$200 4	\$250 4
Family Care <i>One benefit per day for all Insureds combined, regardless of the number of children, up to a maximum of three days per Covered Accident</i>	\$25	\$25	\$50	\$50
Injections to Prevent or Limit Infection	\$50	\$50	\$50	\$50
Lodging <i>30 days per Covered Accident</i>	\$100	\$150	\$200	\$250
Medical Imaging	\$50	\$150	\$200	\$400
Pain Management Injections	\$25	\$50	\$100	\$150
Pet Boarding <i>One benefit per day for all Insureds combined, regardless of the number of pets, up to a maximum of three days per Covered Accident</i>	\$20	\$20	\$20	\$20

Prosthetic Device or Artificial Limb – One device or limb	\$250	\$750	\$1,250	\$1,750
Prosthetic Device or Artificial Limb – Two or more devices or limbs	\$500	\$1,500	\$2,500	\$3,500
Skin Grafts Due to Burns <i>Payable as a % of applicable Burn benefit</i>	50%	50%	50%	50%
Skin Grafts Not Due to Burns – Less than 20% of skin surface	\$125	\$125	\$250	\$375
Skin Grafts Not Due to Burns – 20% or greater of skin surface	\$250	\$250	\$500	\$750
Transfusions	\$150	\$300	\$400	\$500
Transportation	\$50	\$100	\$150	\$200
Treatment in a Physician's Office or Urgent Care Facility <i>(Calendar Year Maximum)</i>	\$50 4	\$75 4	\$100 4	\$150 4
X-Ray or Ultrasound	\$30	\$50	\$60	\$60
Surgery Benefits	Economy	Basic	Preferred	Premier
Anesthesia – Epidural or regional anesthesia	\$50	\$50	\$150	\$150
Anesthesia – General anesthesia	\$100	\$150	\$250	\$300
Connective Tissue Surgery – Exploratory without repair	\$50	\$100	\$125	\$150
Connective Tissue Surgery – Repair for one connective tissue	\$200	\$500	\$800	\$1,100
Connective Tissue Surgery – Repair for two or more connective tissues	\$400	\$1,000	\$1,600	\$2,200
Eye Surgery	\$100	\$200	\$300	\$400
Surgical Repair – Dislocations <i>Payable as a % of the applicable Injury benefit</i>	100%	100%	100%	100%
Surgical Repair – Fractures <i>Payable as a % of the applicable Injury benefit</i>	100%	100%	100%	100%
General Surgery – Abdominal, thoracic, or cranial	\$500	\$1,000	\$1,500	\$2,000
General Surgery – Exploratory	\$100	\$150	\$225	\$275
Hernia Surgery	\$100	\$250	\$300	\$400
Knee Cartilage (Meniscus) Surgery – Exploratory without repair	\$50	\$75	\$100	\$150
Knee Cartilage (Meniscus) Surgery – Knee cartilage (meniscus) with repair	\$200	\$400	\$600	\$1,050
Outpatient Surgical Facility	\$100	\$200	\$300	\$400
Ruptured or Herniated Disc Surgery – Exploratory without repair	\$50	\$100	\$125	\$150
Ruptured or Herniated Disc Surgery – Repair for one disc	\$200	\$475	\$750	\$1,000
Ruptured or Herniated Disc Surgery – Repair for two or more discs	\$400	\$900	\$1,500	\$2,000
Recovery Care Benefits	Economy	Basic	Preferred	Premier
At-Home Care <i>Five days per Covered Accident</i>	\$50	\$75	\$100	\$125
Physician Follow-Up Visit <i>(Max Per Covered Accident)</i> <i>(Max Per Calendar Year)</i>	\$50 2 8	\$50 3 12	\$50 4 16	\$50 6 24
Rehabilitation or Sub-Acute Rehabilitation Unit Confinement <i>15 days per Covered Accident</i>	\$50	\$100	\$150	\$200
Therapy Services (Speech, Physical Therapy, Occupational, Respiratory and Vestibular Therapy) <i>15 days per Covered Accident</i>	\$25	\$35	\$45	\$55
Additional Benefits	Economy	Basic	Preferred	Premier
Benefit Booster <i>\$5,000 in Payable Claims</i>	\$500	\$500	\$500	\$500



Optional Employer-Selected Benefits

Accidental Death and Dismemberment (AD&D) Benefits

If AD&D Benefits are included, the On/Off-Job or Off-Job Only selection will be the same as the base plan.

Benefits	Economy	Basic	Preferred	Premier
Accidental Death – Named Insured	\$25,000	\$25,000	\$50,000	\$50,000
Accidental Death – Spouse	\$25,000	\$25,000	\$50,000	\$50,000
Accidental Death – Dependent Children	\$5,000	\$5,000	\$10,000	\$10,000
Accidental Death – Common Carrier – Named Insured	\$100,000	\$100,000	\$200,000	\$200,000
Accidental Death – Common Carrier – Spouse	\$100,000	\$100,000	\$200,000	\$200,000
Accidental Death – Common Carrier – Dependent Children	\$20,000	\$20,000	\$40,000	\$40,000
Accidental Dismemberment – Both feet	\$25,000	\$50,000	\$75,000	\$100,000
Accidental Dismemberment – Both hands	\$25,000	\$50,000	\$75,000	\$100,000
Accidental Dismemberment – One foot	\$6,000	\$7,500	\$9,000	\$15,000
Accidental Dismemberment – One hand	\$6,000	\$7,500	\$9,000	\$15,000
Accidental Dismemberment – Thumb and index finger of the same hand	\$3,000	\$3,750	\$4,500	\$7,500
Coma (7 or more consecutive days)	\$5,000	\$7,500	\$10,000	\$20,000
Home Alterations and Automobile Modifications	\$500	\$1,000	\$1,500	\$2,000
Loss of Use – Hearing (one ear)	\$6,000	\$7,500	\$9,000	\$15,000
Loss of Use – Hearing (both ears)	\$25,000	\$50,000	\$75,000	\$100,000
Loss of Use – Sight of one eye	\$6,000	\$7,500	\$9,000	\$15,000
Loss of Use – Sight of both eyes	\$25,000	\$50,000	\$75,000	\$100,000
Loss of Use – Speech	\$25,000	\$50,000	\$75,000	\$100,000
Paralysis – Uniplegia	\$6,000	\$7,500	\$9,000	\$15,000
Paralysis – Hemiplegia	\$25,000	\$50,000	\$75,000	\$100,000
Paralysis – Paraplegia	\$25,000	\$50,000	\$75,000	\$100,000
Paralysis – Triplegia	\$25,000	\$50,000	\$75,000	\$100,000
Paralysis – Quadriplegia	\$25,000	\$50,000	\$75,000	\$100,000

Accident Hospital Benefits

If Accident Hospital Benefits are included, the On/Off-Job or Off-Job Only selection will be the same as the base plan.

Benefits	Economy	Basic	Preferred	Premier
Hospital Admission	\$500	\$750	\$1,000	\$1,500
Hospital Admission – ICU	\$1,250	\$1,500	\$1,750	\$2,500
Hospital Confinement – Daily Stay <i>365 days per Covered Accident</i>	\$100	\$200	\$250	\$350
Hospital ICU Confinement – Daily Stay <i>15 days per Covered Accident</i>	\$150	\$250	\$350	\$500
Hospital Sub-Acute ICU Confinement – Daily Stay <i>30 days per Covered Accident</i>	\$200	\$300	\$400	\$600
Short Stay <i>8 to less than 20 hours</i>	\$200	\$200	\$200	\$200

Healthcare Employee Benefit

If the Healthcare Employee Benefit is included, it provides higher benefit amounts for hospital stays in a hospital owned, operated, or controlled by the policyholder.

- Increases Accident Hospital benefits by 50%
- The plan must include the employer-optional Accident Hospital Benefits for the Healthcare Employee Benefits to be available.

Accident hospital benefits that are eligible:

- Hospital admission
- Hospital admission – ICU
- Hospital confinement – daily stay
- Hospital ICU confinement – daily stay
- Hospital sub-acute ICU confinement – daily stay
- Short stay

Recovery Plus Package

If the Recovery Plus Package is included, the following benefits are added to the base plan. The benefit level will match the base plan level.

Benefits	Economy	Basic	Preferred	Premier
Behavioral Health Therapy <i>15 days per Covered Accident</i>	\$25	\$35	\$45	\$55
Injury Due to Felony Assault or Sexual Assault <i>Once per Insured per Calendar Year</i>	\$250	\$250	\$250	\$250
Post-Traumatic Stress Disorder (PTSD)	\$200	\$200	\$200	\$200
Prescription Drug	\$25	\$25	\$25	\$25
Therapy Services <i>Adds Chiropractic, Acupuncture, Alternative Therapy</i>	\$25	\$25	\$45	\$55

Active Lifestyles

If Active Lifestyles is included, this benefit increases benefit amounts by an extra 20% for specific benefits related to active lifestyles.

Eligible benefits:

- | | | |
|----------------------------------|---|--------------------------------------|
| • Concussion | • Eye surgery | • Knee cartilage (meniscus) surgery |
| • Connective tissue damage | • Fractures | • Lacerations |
| • Connective tissue surgery | • Fractures – surgical repair | • Medical imaging |
| • Dislocations | • General surgery – abdominal, thoracic, cranial, exploratory | • Ruptured or herniated disc surgery |
| • Dislocations – surgical repair | • Knee cartilage (meniscus) injury | • Ruptured or herniated disc surgery |
| • Emergency dental repair | | • X-ray or ultrasound |
| • Eye injury | | |

Gunshot Wound

If Gunshot Wound is included, this benefit is payable if an employee receives a gunshot wound that is the result of a covered accident.

- o Available amounts: \$1,000 or \$5,000
- o Payable once per covered accident, and no more than once in a 24-hour period.
- o This benefit provides on/off-job coverage, regardless of the coverage type of the rest of the plan.

This benefit is only available for the employee; it is not available for a spouse or dependent children.

Building Benefit

If the Building Benefit is included, this benefit increases the benefits for an employee over time based on the number of months an employee is continuously covered under this certificate. The percent increase is calculated based on the employee's coverage effective date to the date of the covered accident.

# of Months Covered	% Benefit Increase
13 – 36 months	5%
37 – 60 months	10%
61+ months	15%

The Building Benefit will be payable for the following eligible benefit categories, if included in the plan, as the result of a covered accident:

Base Plan Benefits	Employer-Optional Benefits
<ul style="list-style-type: none"> • Injury Benefits • Fractures and Dislocations • Treatment Benefits • Surgery Benefits • Recovery Care Benefits 	<ul style="list-style-type: none"> • Accident Hospital Benefits • Accidental Death and Dismemberment Benefits • Gunshot Wound • Active Lifestyles • Recovery Plus Package • Healthcare Employee Benefit

Sickness Hospital Benefits

If Sickness Hospital Benefits are included, these benefits broaden the coverage of the plan by paying benefits if the employee is admitted or confined to the hospital for a covered sickness rather than covered accident. Benefits may be subject to a preexisting condition provision.

Benefits	Benefit Amount
Admission for Covered Sickness	\$400
Admission – Hospital ICU for Covered Sickness	\$800
Hospital Confinement – Daily Stay for Covered Sicknesses <i>Up to 30 days per covered sickness</i>	\$100
Short Stay for Covered Sicknesses <i>8 to less than 20 hours</i>	\$100

Personal Safety Benefit

If the Personal Safety Benefit is included, this benefit encourages safe behavior and prevents accidents by providing a benefit if an employee completes a covered course.

- Benefit amount: \$25
- Payable once per covered person per calendar year.
- Membership fees and employer mandated classes are not covered.

Covered programs:

- Defensive driving course or a driver education course for a personal Automobile
- CPR certification*
- First Aid certification
- Swim lessons with a defined curriculum and overseen by an individual certified to act in that capacity
- Self-defense course with a defined curriculum overseen by an individual certified to act in that capacity
- State or Federally approved Recreational Safety Courses

**CPR certification is not included in the Personal Safety Benefit for healthcare industries.*

The program must be started and completed while this certificate is in force and the employee must incur an expense.

Wellbeing Assistance Benefit

- Available amounts: \$50, \$75 or \$100
- Payable once per calendar year per covered person
- 30-day waiting period

Covered tests:

- | | | |
|---|---|--|
| ○ Annual physical (Included with Max level) – <i>Includes annual exams, sports physicals, and well-child visits</i> | ○ CEA (blood test for colon cancer) | ○ PSA (blood test for prostate cancer) |
| ○ Blood test for triglycerides | ○ Chest x-ray | ○ Serum cholesterol test to determine level of HDL and LDL |
| ○ Bone marrow testing | ○ Colonoscopy | ○ Serum protein electrophoresis (blood test for myeloma) |
| ○ BRCA1 or BRCA2 testing | ○ Echocardiogram (ECHO) | ○ Skin cancer biopsy |
| ○ Breast ultrasound | ○ Electrocardiogram (EKG, ECG) | ○ Stress test on a bicycle or treadmill |
| ○ CA 15-3 (blood test for breast cancer) | ○ Fasting blood glucose test | ○ Thermography |
| ○ CA125 (blood test for ovarian cancer) | ○ Flexible sigmoidoscopy | ○ ThinPrep pap test |
| ○ Carotid doppler | ○ Hemoccult stool analysis | ○ Virtual colonoscopy |
| | ○ Immunizations (included with Max level) | |
| | ○ Mammography | |
| | ○ Pap smear | |

Eligibility Requirements

- Issue ages are 17+ for both employee and spouse
- Dependent children (as defined in the certificate)
- Full-time, permanent employees actively working at least 15 hours per week
- The employee must be actively at work at the time of enrollment.

Participation Requirement

The greater of 5 enrolled lives or 10% of eligible employees.

What is Not Covered

Accident plans will not provide benefits for a claim that is caused by, or resulting from any of the following:

- Elective procedures
- Felonies or illegal occupations
- Hazardous avocations
- Impaired driving
- Incarceration
- Racing
- Semi-professional or professional sports
- Sickness
- Suicide or self-inflicted injuries
- War or armed conflict

The definition of hospital does not include certain facilities.

Exclusions and Limitations for Sickness Hospital Benefits

All of the exclusions above apply to the Sickness Hospital Benefits, if included, except Sickness. In addition, we will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- Dental care
- Mental or nervous disorders
- Well baby care: we will not pay Hospital Confinement benefits of a newborn following childbirth unless the newborn has an injury or sickness.
- Childbirth Limitation: If your plan has a Childbirth Limitation, we will not pay benefits for Sickness Hospital Benefits, if included, due to any Insured giving birth within the first nine months after the Coverage Effective Date of this certificate as a result of a normal pregnancy, including Cesarean. Complications of Pregnancy will be covered to the same extent as any other Covered Sickness.
- Pre-existing Condition Limitation: If your plan has a Pre-existing Condition Limitation, we will not pay benefits for Sickness Hospital Benefits, if included, in the first 12 months following the Insured's Coverage Effective Date if the Covered Sickness is caused by, contributed to by, or resulting from a Pre-existing Condition. A Pre-existing Condition is a Sickness or physical condition for which an Insured was treated, had medical testing, received medical advice or had taken medication within the 12 months before the effective date of the Policy.

Underwriting Guidelines

- All coverage is guaranteed issue which means no medical underwriting to qualify for coverage.
- Available during all open enrollments and for new hires during the new hire eligibility period.

Additional Plan Information

End of Employee Coverage

Coverage under this certificate ends on the earliest of:

- the date the policy is cancelled by us or the Policyholder;
- the date the employee is no longer in an eligible group;
- the date the employee's eligible group is no longer covered;
- the date of the employee's death; or
- the last day of the period any required premium contributions are made.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Extended Absences provision or if the employee elects to continue coverage under Portability.

Premium

Premium will vary based on the coverage selected.

THIS INSURANCE 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 insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GAC4100-P-UT and certificate form GAC4100-C-UT. For cost and complete details of coverage, call or write your Colonial Life benefits representative or the company.