

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

P.O. Box 1365, Columbia, South Carolina 29202

(800) 325 – 4368

ACCIDENT ONLY INSURANCE COVERAGE

OUTLINE OF COVERAGE (Applicable to Policy Form ACCPOL-FL.)

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

Please Read The Policy Carefully. This outline provides a very brief description of the important features of the policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important to READ THE POLICY CAREFULLY.

Renewability. The policy is guaranteed renewable for life as long as premiums are paid when they are due or within the grace period. The premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued. If your premium is changed, you will be given 45 days notice.

Coverage Provided by The Policy. The policy is designed to provide to covered persons coverage for losses resulting from injuries received from a covered accident only, subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

BENEFITS - All benefits are payable once per covered accident unless specified otherwise

We will pay these benefits for any covered person who receives injuries as the result of a covered accident:

Accidental Death Named Insured \$75,000 Spouse \$75,000 Children \$15,000

Benefit payable if a covered person is injured in a covered accident and the injury causes the insured to die within 90 days after the accident. If we pay this benefit, we will not pay the Accidental Death-Common Carrier benefit

Accidental Death – Common Carrier Named Insured \$100,000 Spouse \$100,000 Children \$20,000

Benefit payable if a covered person is injured while a fare-paying passenger on a common carrier and the injury causes the insured to die within 90 days after the accident. Common Carrier means: commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers. If we pay this benefit, we will not pay the Accidental Death benefit.

Accident Follow-Up Treatment - \$120

Benefit payable for follow-up treatment due to a covered accident recommended or advised by a doctor. Follow-up treatment must occur after initial treatment in a doctor's office or emergency room and occur within 90 days of the covered accident. Benefits payable for three visits per covered accident.

Air Ambulance - \$1500

Benefit payable if a licensed professional air ambulance company transports by air any covered person to or from a hospital or between medical facilities; transportation must occur within 48 hours after the covered accident

Ambulance - \$500

Benefit payable if a licensed professional ambulance company transports any covered person by ground transportation to or from a hospital or between medical facilities; transportation must occur within 90 days after the covered accident

Appliance - \$150

Prescribed by a doctor to aid in personal locomotion or mobility; use must begin within 90 days after covered accident

Blood/Plasma/Platelets - \$300

Must require the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets and be administered within 90 days after the covered accident

Burn - Must be treated by a doctor within 72 hours after the accident

\$ 750 – Second degree burns which cover at least 36% of the body surface

\$1,500 – Third degree burns which cover at least 9 square inches but less than 35 square inches of body surface

\$10,000 – Third degree burns which cover 35 or more square inches of the body surface

Catastrophic Accident - payable once per lifetime per covered person

Accident Occurs	Covered Person	Benefit Amount	Accident Occurs	Covered Person	Benefit Amount
Prior to age 65	Named Insured	\$100,000	Age 65-69	Named Insured	\$ 50,000
	Spouse	\$ 100,000		Spouse	\$ 50,000
	Child(ren)	\$ 50,000		Child(ren)	\$ 25,000
After Age 70	Named Insured	\$ 25,000			
	Spouse	\$ 25,000			
	Child(ren)	\$ 12,500			

Benefit payable if any covered person sustains a catastrophic loss and is under the care of a doctor during the elimination period and remains alive at the end of the elimination period. Injury must occur within 365 days of the covered accident. Catastrophic Loss means an injury that within 365 days of the covered accident results in total and irrecoverable:

- Loss of both hands or both feet; or
- Loss or loss of use of both arms or both legs; or
- Loss of one hand and one foot; or
- Loss or loss of use of one arm and one leg; or
- Loss of the sight of both eyes; or
- Loss of the hearing of both ears; or
- Loss of the ability to speak.

The loss of use of an arm means the loss of function of the entire arm from the shoulder to the hand. The loss of use of a leg means the loss of function of the entire leg from the hip to the foot. The loss of sight means both eyes are totally blind and that no sight can be restored. The loss of hearing means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device. The loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

Elimination period means the period of 365 days after the date of a covered accident.

Concussion - \$100

Benefit payable if any covered person sustains a concussion as the result of a covered accident; must be diagnosed by a doctor using X-ray, CAT scan or MRI within 72 hours from date of covered accident

Dislocation (Separated Joint)	Closed Reduction	Open Reduction
Hip	\$3,000	\$6,000
Knee (except Patella)	1,500	3,000
Ankle – Bone or bones of the Foot (other than Toes)	1,200	2,400
Collarbone (Sternoclavicular)	750	1,500
Lower Jaw, Shoulder (Glenohumeral), Elbow, Wrist	450	900
Bone or Bones of the Hand (other than Fingers)	450	900
Collarbone (Acromioclavicular and separation), One Toe or Finger	150	300

Must be diagnosed by a doctor as a dislocation within 90 days after the accident; reduction must require correction with anesthesia by a doctor; reduction without anesthesia will pay 25 percent of amount shown above for closed reduction. Benefit payable for more than one dislocation (requiring open or closed reduction) is no more than two times the amount for the joint involved which has the highest benefit amount. Benefit payable for incomplete dislocation is 25 percent of amount shown for closed reduction. Benefit payable for a fracture and a dislocation in the same accident is no more than two times the amount for the bone or joint involved which has the highest benefit amount. Benefit payable only for the first dislocation of a joint after the effective date. Subsequent dislocations of the same joint after the effective date will not be covered. Benefit payable for a fracture or a dislocation and a tear, rupture or sever of a tendon/ligament/rotator cuff in the same covered accident is no more than the larger of either the Tendon/Ligament/Rotator Cuff benefit, the Fracture benefit or the Dislocation benefit.

Doctor's Office - \$120

Initial treatment and/or advice must be in a doctor's office and must occur within 60 days of the covered accident

Emergency Dental Work - \$200 - Broken teeth repaired with crown(s) **\$100** - Broken teeth resulting in extraction(s)

Emergency Room Treatment - \$200

Requires examination and treatment by a doctor in a hospital emergency room within 72 hours after covered accident

Eye Injury - \$500

Must require surgery or the removal of a foreign object by a doctor within 90 days after the covered accident. An examination with anesthesia will not be considered surgery.

Fracture (Broken Bone)

	Closed Reduction	Open Reduction
Skull (except bones of face or nose) depressed skull fracture	\$3,750	\$7,500
Skull (except bones of Face or nose) simple non-depressed skull fracture	1,500	3,000
Hip, Thigh (Femur)	2,250	4,500
Vertebrae, Body of (excluding Vertebral Processes), Pelvis (except Coccyx), Leg	1,200	2,400
Bones of Face or Nose (except Mandible or Maxilla)	525	1,050
Upper Jaw, Maxilla (except Alveolar Process), Upper Arm between Elbow and Shoulder	525	1,050
Lower Jaw, Mandible (except Alveolar Process), Kneecap, Foot (except Toes), Ankle	450	900
Shoulder Blade, Collarbone, Vertebral Processes, Forearm, Hand, Wrist (except Fingers)	450	900
Rib	375	750
Coccyx	300	600
Finger, Toe	75	150

Must be diagnosed by a doctor within 90 days after the accident. Benefit payable for more than one fracture (open or closed reduction) is no more than two times the amount for the bone involved which has the highest benefit amount. Benefit payable for a chip fracture is 25 percent of the amount shown for closed reduction for the bone involved. Benefit payable for a fracture and a dislocation in the same covered accident is no more than two times the amount for the bone or joint involved which has the highest benefit amount. Benefit payable for a fracture or a dislocation and a tear, rupture or sever of a tendon/ligament/rotator cuff in the same covered accident is no more than the larger of either the Tendon/Ligament/Rotator Cuff benefit, the Fracture benefit or the Dislocation benefit.

Hospital Admission – \$2000 per admission - Must be confined in a hospital within six months after the accident; payable once per covered accident.

Hospital Confinement – \$300/day up to 365 days per covered accident

Must be confined in a hospital or a hospital sub-acute intensive care unit within six months after the covered accident. If the covered person is confined in a hospital and is confined again within 90 days for the same accident or related condition, we will treat this confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of hospital confinement, we will treat this confinement as a new confinement. If the covered person is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day.

Hospital Intensive Care Unit Confinement – \$600/day up to 15 days per covered accident

Must be confined to a hospital intensive care unit within 30 days after the accident. If the covered person is confined in a hospital intensive care unit, and is confined to a hospital intensive care unit again within 90 days for the same accident or related condition, we will treat this confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement in a hospital intensive care unit, we will treat this confinement as a new confinement. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Knee Cartilage Torn - \$500

Must be treated by a doctor within 60 days after the covered accident and repaired through surgery within six months after the covered accident. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), we will only pay **\$100**

Laceration

\$ 50 - Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches

\$200 - Total of all lacerations is two to six inches long (5.08 to 15.24 centimeters) and repaired by stitches

\$400 - Total of all lacerations is over six inches long (over 15.24 centimeters) and repaired by stitches

\$ 25 - Laceration(s) are treated without stitches

Must be repaired by a doctor within 72 hours after the covered accident. If benefits are payable for a laceration on a finger, toe, hand, foot or eye and the insured later loses that finger, toe, hand, foot, or eye as the result of the same covered accident, the amount we paid under the Laceration benefit will be subtracted from the Loss of a Finger, Toe, Hand, Foot or Sight of an Eye benefit.

Lodging - \$100/night up to 30 days per covered accident

Payable for a companion's motel/hotel stays during the period of time the covered person is confined to the hospital. Hospital must be more than 100 miles from the residence of the covered person

Loss of a Finger, Toe, Hand, Foot or Sight of an Eye

\$15,000 Payable for loss of: both hands, or both feet, or the sight of both eyes, or a hand and a foot, or a hand and the sight of one eye, or a foot and the sight of an eye.

\$ 7,500 Payable for loss of: one hand, or one foot, or sight of one eye.

\$1,500 Payable for loss of: two or more fingers, or two or more toes' or one finger and one toe.

\$ 750 Payable for loss of: one finger or one toe.

Benefit payable if the insured loses a finger, toe, hand, foot or sight of an eye within 90 days after the covered accident. If the covered person loses a finger or toe and later loses a hand or foot on the same side of the body as a result of the same covered accident, the amount paid for the loss of a finger or toe benefit will be subtracted from the amount paid for the loss of a hand or foot.

Loss of a hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost.

Loss of a foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost.

Loss of a finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. Loss of a toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. Loss of sight of an eye means that at least 80 percent of vision is permanently lost.

Physical Therapy - \$50/treatment up to six treatments per accident

Must begin within 60 days after the covered accident and be completed within six months after the covered accident. Must be prescribed by a doctor and rendered by a licensed physical therapist and performed in an office or in a hospital

Prosthetic Device/Artificial Limb

\$ 500 - One prosthetic device or artificial limb **\$1,000** - More than one device or artificial limb

Must be prescribed by a doctor for functional use when a covered person loses a hand, foot, or sight of an eye. Must be received within one year of the covered accident. This benefit is not payable for hearing aids, dental aids, including false teeth, eye glasses or for cosmetic prosthesis such as hair wigs. We will not pay for joint replacement such as an artificial hip or knee.

Ruptured Disc - \$400

Must be treated by a doctor within 60 days after the covered accident and repaired through surgery within one year after the accident

Skin Grafts – 25% of Applicable Burn benefit

Payable only for a skin graft for a burn for which a burn benefit was received under the policy

Surgery - \$1,500

Payable if any covered person undergoes open abdominal or thoracic surgery within 72 hours of covered accident. Surgery must be for repair of internal injuries; For exploratory or other surgery without repair we will pay **\$150**. Hernia repair will not be covered under this benefit.

Tendon/Ligament/Rotator Cuff

\$400 - Repair of one tendon, ligament or rotator cuff **\$600** - Repair of more than one of the above

Must be torn, ruptured or severed and be repaired through surgery within 90 days after the covered accident. If the covered person is in an accident and receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff, benefits are only payable for the larger benefit. If exploratory arthroscopic surgery is performed and no repair is done, we will pay **\$100**.

Transportation - \$300/trip up to 3 trips per covered accident

Travel must be more than 100 miles for special treatment and confinement in a hospital. Treatment must be prescribed by a doctor and not available locally. This benefit is not payable for transportation by ambulance or air ambulance.

Important Words in the Policy

Accident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Confined or confinement means the assignment to a bed as a resident inpatient in a hospital on the advice of a doctor or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a doctor.

A **covered accident** is an accident which: occurs after the effective date of the policy; occurs while the policy is in force; is of a type of accident listed on the Policy Schedule page; and is not excluded by name or specific description in the policy.

A **doctor** means a person, other than you or a family member, who: is licensed by the state to practice a healing art; and performs services for you which are allowed by his license.

An **emergency room** is a specified area within a hospital that is designated for the emergency care of accidental injuries. This area must: be staffed and equipped to handle trauma; be supervised and provide treatment by doctors; and provide care seven days per week, 24 hours per day.

A **hospital** means a place which: is licensed as a hospital and operated pursuant to law; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis: X-ray equipment, a laboratory and an operating room where surgical operations take place.

A hospital is not: a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation center that is not accredited by the Joint Commission on the Accreditation of Hospitals, American Osteopathic Association or the Commission on the Accreditation of Rehabilitation Facilities; or a place for alcoholics or drug addicts.

A **hospital intensive care unit** means a place which: is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and has a doctor assigned to the intensive care unit on a full-time basis.

An hospital intensive care unit is not any of the following step down units: a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in this policy.

A **hospital sub-acute intensive care unit** means a place which: is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and is under constant and continuous observation by a specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

An **injury** means a condition sustained by the covered person which is the direct result of an accident, independent of disease or bodily infirmity or any other cause and occurs while this policy is in force.

An **observation unit** is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a doctor; and which: is under the direct supervision of a doctor or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An **off-job accident** means an accident that occurs while a covered person is not working at any job for pay or benefits.

An **on-job accident** means an accident that occurs while a covered person is working at any job for pay or benefits.

A **physical therapist** is a person, other than you or a family member, who: is licensed by the state to practice physical therapy; performs services which are allowed by his license; performs services for which benefits are provided by this policy; and practices according to the Code of Ethics of the American Physical Therapy Association.

WHAT IS NOT COVERED BY THIS POLICY

We will not pay benefits for losses that are caused by or are the result of any covered person's:

- operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven.
- engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, or parakiting.
- participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution.
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.
- committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism.

**TO OBTAIN INFORMATION OR MAKE A COMPLAINT, YOU MAY CALL OUR
TOLL FREE NUMBER: 1-800-325-4368.**