

Accident Insurance



HOLMES COMMUNITY COLLEGE

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This is merely a summary of benefits. Limitations and exclusions apply.
Please see the plan document for specific details and provisions of the plan.

Accident Insurance

- Colonial Life Accident Plan 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.
- Helps offset the unexpected medical expenses, such as emergency room fees, deductibles and copayments, that can result from a fracture, dislocation or other covered accidental injury. There were about 27 million visits to hospital emergency departments for injuries in 2003.*

*National Safety Council, Injury Facts, 2005-2006 Edition.

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Colonial Life Accident Benefits

	Basic	Preferred	Premier
Accident Emergency Treatment within the first 72 hours of the accident	\$75	\$125	\$125
Accident Follow-up Doctor Visits	\$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)

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Colonial Life Accident Benefits (cont'd)

	Basic	Preferred	Premier
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

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Colonial Life Accident Benefits (cont'd)

	Basic	Preferred	Premier
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 *	\$10,000 EE/SP \$5,000 CH	\$25,000 EE/SP \$12,500 CH	\$25,000 EE/SP \$12,500 CH

*For severe injuries that result in the total and irrevocable: loss of on hand and one foot; loss of both hands or both feet; loss of sight in both eyes; loss of hearing in both ears; loss of ability to speak. 365 day elimination period. Amounts reduced for covered persons over age 65

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Colonial Life Accident Benefits (cont'd)

	Basic	Preferred	Premier
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)

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Colonial Life Accident Benefits (cont'd)

	Basic	Preferred	Premier
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

*We will pay either the Hospital Admission or Hospital ICU Admission benefit, but not both.

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Colonial Life Accident Benefits (cont'd)

	Basic	Preferred	Premier
Hospital ICU Admission*	\$1,500/ accident	\$2,000/ accident	\$2,500/ accident
Hospital ICU Confinement (Per day 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

*We will pay either the Hospital Admission or Hospital ICU Admission benefit, but not both.

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Colonial Life Accident Benefits (cont'd)

	Basic	Preferred	Premier
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), \$1500 (2 or more)
Rehabilitation Unit Confinement (Up to 15 days per confinement per covered accident. Maximum of 30 days per calendar year)	\$100/ day	\$100/ day	\$150/ day

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Colonial Life Accident Benefits (cont'd)

	Basic	Preferred	Premier
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

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Colonial Life Accident Benefits (cont'd)

	Basic	Preferred	Premier
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

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- Colonial Life Accident Plan 1.0 – Health Screening Benefit

- \$50 per covered person per calendar year.
- Provides a benefit if the covered person has one of the health screening tests performed. This benefit is payable once per calendar year per covered person and is subject to a 30 day waiting period. Available to each covered person.

Tests available can be found in product literature on website.

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- Colonial Life Accident Plan 1.0 – Optional Riders

- Off-Job Only or On/Off-Job Accident Disability Income Rider
- Off-Job Only or On/Off-Job Accident/Sickness Disability Income Rider
- Sickness Hospital Confinement Rider

Descriptions of Riders are available in product literature on website.

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- Colonial Life Accident Plan 1.0 – Features

- Base plans are guaranteed issue so there is no health underwriting.
- Benefits are paid directly to you unless otherwise specified.
- Benefits are paid in addition to other insurance you may have.
- Benefits are level for employee, spouse, and children except for accidental death and catastrophic accident benefits.

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- Colonial Life Accident Plan 1.0 – Features (cont'd)

- Base coverage and sickness hospital confinement rider are guaranteed renewable for life as long as premiums are paid when they are due.
- Coverage is portable. You can take this coverage with you if you change jobs or leave HCC.
- Spouse and/or dependent children can purchase coverage without you having to purchase coverage. Premiums are payroll deducted through your paycheck.

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- Colonial Life Accident Plan 1.0 – Features (cont'd)

- Spouse can purchase optional accident only disability rider or accident/sickness disability rider coverage.
- The spouse's signature is not required on the application in Mississippi.
- Coverage is worldwide. The disability riders are subject to the Geographical Limitations provision.

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- Colonial Life Accident Plan 1.0 – Features (cont'd)

- Disability riders provide Total Disability and Partial Disability benefits.
- If a disability rider is purchased, the Waiver of Premium benefit applies after 90 continuous days of disability or the elimination period has been satisfied whichever is greater.

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- Colonial Life Accident Plan 1.0 – Definitions

Totally Disabled means you are: unable to perform the material and substantial duties of your job; not, in fact, working at any job and under the regular and appropriate care of a doctor.

Partially Disabled means you are unable to perform the material and substantial duties of your job for 20 hours or more per week; you are able to work at your job or your place of employment for less than 20 hours per week; your employer will allow you to return to your job or place of employment for less than 20 hours per week; and you are under the regular and appropriate care of a doctor.

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- Colonial Life Accident Plan 1.0 – Definitions (cont'd)

Waiver of Premium Benefit: After you have been totally disabled or qualify for Partial Disability benefits as a result of a covered accident or a covered sickness for more than 90 consecutive days while this rider is in effect, or after the elimination period shown on the Rider Schedule, whichever is greater, we will waive the premium beginning on the next premium due date for the policy and any attached rider(s) for as long as you remain disabled up to the benefit period shown on the Rider Schedule. You must pay all premiums to keep the policy and any attached rider(s) in force until you have been totally disabled or qualify for Partial Disability benefits for 90 consecutive days while the rider is in effect, or for the elimination period shown on the Rider Schedule, whichever is greater.

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- Colonial Life Accident Plan 1.0 – Definitions (cont'd)

Geographical Limitations: If you become totally disabled as a result of a covered accident or covered sickness while you are outside the covered geographical areas and you are totally disabled longer than the elimination period shown on the Rider Schedule, your maximum benefit period for total disability and partial disability combined while outside the covered geographical areas will be limited to 60 days.

Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda or Jamaica.

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- Colonial Life Accident Plan 1.0 - Definitions (cont'd)

Pre-existing Condition means a sickness or physical condition for which you were treated, received medical advice or had taken medication within 12 months before the effective date of this rider.

If you become disabled or hospital confined because of a pre-existing condition, we will not pay for any disability period or hospital confinement if it begins during the first 12 months the rider is in force. After this rider has been in force for 12 months from the effective date of this rider, we will pay benefits for any pre-existing condition not otherwise excluded by name or specific description if the covered confinement began more than 12 months after the effective date of the rider.

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- Colonial Life Accident Plan 1.0 – What is NOT covered?

Losses that are caused by or are the result of any insured's:

- Hazardous avocations
- Sickness
- Felonies or illegal occupations
- Suicide or self-inflicted injuries
- Racing
- War or armed conflict
- Semi-professional or professional sports

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- Colonial Life Accident Plan 1.0 – What is NOT covered?

In addition to previous exclusions, we will also not pay the **Catastrophic Accident benefit** for injuries that are caused by or are the result of:

- Birth
- Intoxication

In addition to previous exclusions, the **Accident Only Disability Rider** will not provide benefits for losses that are caused by or which occur as the result of:

- Alcoholism or Drug Addiction
- Psychiatric or Psychological Conditions

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- Colonial Life Accident Plan 1.0 – What is NOT covered?

In addition to previous exclusions, the **Accident/Sickness Disability Rider** will not provide benefits for losses that are caused by or which occur as the result of:

- Alcoholism or Drug Addiction
- Giving Birth within the first 9 months after the effective date of this rider as the result of normal pregnancy, including Cesarean.
- Pre-Existing Conditions
- Psychiatric or Psychological Conditions

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- Colonial Life Accident Plan 1.0 – What is NOT covered?

The Sickness Hospital Confinement Rider will not provide benefits for a hospital confinement caused by or occurring as the result of:

- Accidental Injuries
- Dental Care
- Pre-Existing Conditions
- Well Baby Care Exclusion
- Giving Birth Limitation. We will not pay benefits for hospital confinement due to any covered person giving birth within the first 9 months after the effective date of this rider as the result of normal pregnancy.
- Alcoholism or Drug Addiction
- Elective Procedures
- Psychiatric or Psychological Conditions

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Colonial Life Accident 1.0 Base Plan Rates

On/Off Job Accident Coverage

Insured Type	Basic	Basic w/ Health Screening	Preferred	Preferred w/ Health Screening	Premier	Premier w/ Health Screening
Named Insured	\$14.44	\$16.59	\$19.00	\$21.25	\$24.36	\$26.51
Employee & Spouse	\$19.63	\$22.93	\$25.67	\$28.97	\$33.02	\$36.32
One Parent Family	\$23.06	\$25.21	\$30.52	\$32.67	\$37.55	\$39.70
Two Parent Family	\$28.26	\$31.56	\$37.18	\$37.18	\$40.48	\$49.50

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Colonial Life Accident 1.0 Base Plan Rates (cont'd)

Off Job Accident Coverage

Insured Type	Basic	Basic w/ Health Screening	Preferred	Preferred w/ Health Screening	Premier	Premier w/ Health Screening
Named Insured	\$11.98	\$14.13	\$15.77	\$17.92	\$20.22	\$22.37
Employee & Spouse	\$15.80	\$19.10	\$20.66	\$23.96	\$26.58	\$29.88
One Parent Family	\$18.45	\$20.60	\$24.41	\$26.56	\$30.04	\$32.19
Two Parent Family	\$22.27	\$25.57	\$29.31	\$32.61	\$36.39	\$39.69

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Colonial Life Accident 1.0 Optional Riders Rates

Sickness Hospital Confinement Rider

Named Insured*	\$3.50
Employee & Spouse	\$7.00
One Parent Family	\$5.50
Two Parent Family	\$9.00

* Employee, Spouse or Child

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Colonial Life Accident 1.0 Optional Riders Rates (cont'd)

1 Unit of Off-Job Coverage = \$100 of Off-Job Monthly Benefit;

1 Unit of On-Job Coverage = \$50 of On-Job Monthly Benefit

Rates apply to employee or spouse (Spouse only qualifies for Off-Job coverage)

On/Off-Job Accident Disability Rider Monthly Premium per \$50 On-Job an \$100 Off-Job

Benefit Period	6 Months			
Elimination Period	0	7	14	30
Issue Age 17-69	\$2.20	\$1.90	\$1.35	\$1.00

Benefit Period	12 Months			
Elimination Period	0	7	14	30
Issue Age 17-69	\$2.75	\$2.40	\$1.80	\$1.50

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Colonial Life Accident 1.0 Optional Riders Rates (cont'd)

1 Unit of Off-Job Coverage = \$100 of Off-Job Monthly Benefit;

1 Unit of On-Job Coverage = \$50 of On-Job Monthly Benefit

Rates apply to employee or spouse (Spouse only qualifies for Off-Job coverage)

Off-Job Only Accident Disability Rider Monthly Premium per \$50 On-Job an \$100 Off-Job

Benefit Period	6 Months			
Elimination Period	0	7	14	30
Issue Age 17-69	\$0.90	\$0.80	\$0.70	\$0.55
Benefit Period	12 Months			
Elimination Period	0	7	14	30
Issue Age 17-69	\$1.20	\$1.10	\$1.00	\$0.85

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Colonial Life Accident 1.0 Optional Riders Rates (cont'd)

On/Off-Job Accident & On/Off-Job Sickness Disability Rider

Monthly Premium per \$50 On-Job an \$100 Off-Job

Benefit Period	3 Months			
Elimination Period	0/7	7/7	0/14	14/14
Issue Age 17-49	\$3.80	\$3.43	\$2.95	\$2.58
Issue Age 50-69	\$4.40	\$4.10	\$3.50	\$3.13

Benefit Period	6 Months					
Elimination Period	0/7	7/7	0/14	14/14	0/30	30/30
Issue Age 17-49	\$4.90	\$4.30	\$4.05	\$3.43	\$3.23	\$2.43
Issue Age 50-69	\$6.10	\$5.73	\$5.05	\$4.50	\$4.28	\$3.35

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Colonial Life Accident 1.0 Optional Riders Rates (cont'd)

On/Off-Job Accident & On/Off-Job Sickness Disability Rider

Monthly Premium per \$50 On-Job an \$100 Off-Job

Benefit Period	12 Months							
Elimination Period	0/7	7/7	0/14	14/14	0/30	30/30	60/60	90/90
Issue Age 17-49	\$6.80	\$5.90	\$5.53	\$4.50	\$4.15	\$3.25	\$2.68	\$2.05
Issue Age 50-69	\$8.10	\$7.40	\$6.83	\$5.73	\$5.25	\$4.30	\$3.75	\$3.05

Benefit Period	24 Months								
Elimination Period	0/7	7/7	0/14	14/14	0/30	30/30	60/60	90/90	180/180
Issue Age 17-49	\$9.28	\$8.28	\$7.33	\$6.20	\$5.43	\$4.53	\$4.00	\$2.78	\$1.75
Issue Age 50-69	\$12.58	\$11.23	\$10.13	\$8.48	\$7.30	\$6.33	\$5.90	\$4.53	\$3.68

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Colonial Life Claims

Claim forms can be downloaded:

www.coloniallife.com

or call

800-3CLAIMS (800-325-2467)

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