



- 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 with unexpected accidents.



# **Accident Insurance** Basic 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.



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.



Over the next several weeks, he had three follow-up

**DOCTOR'S OFFICE VISIT** 

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                                   | \$40  |
| Laceration (no stitches)                | \$30  |
| Fracture (hand)                         | \$400 |
| Medical equipment (splint)              | \$40  |
| Accident follow-up treatment (3 visits) | \$135 |

Total: \$770

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.

| annual deductible and co-payments.              |         |  |  |  |
|---|---------|--|--|--|
| Ambulance                                       | \$200   |  |  |  |
| Accidental injury due to an automobile accident | \$250   |  |  |  |
| Accident emergency treatment                    | \$125   |  |  |  |
| X-ray   | \$40    |  |  |  |
| Medical imaging study (CT)                      | \$200   |  |  |  |
| Hospital admission                              | \$1,250 |  |  |  |
| Hospital confinement (3 days)                   | \$750   |  |  |  |
| Thigh fracture – femur (surgical)               | \$3,600 |  |  |  |
| Surgery (exploratory/arthroscopic)              | \$250   |  |  |  |
| Medical equipment (crutches)                    | \$100   |  |  |  |
| Accident follow-up treatment (6 visits)         | \$270   |  |  |  |
| Physical therapy (8 days)                       | \$240   |  |  |  |

Total: \$7,275

For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The policy has exclusions and limitations.

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

### **INITIAL CARE**

| Accident emergency treatment  |                            |
|---|----------------------------|
| Accidental injury due to an automobile accident   | \$250                      |
| Air ambulance   | \$1,600                    |
| Ambulance – ground or water   | \$200                      |
| Observation room (up to two days per calendar year)   | \$175 per day              |
| X-ray   | \$40                       |
| COMMON ACCIDENTAL INJURIES  |                            |
| Burn (based on size and degree)   | \$1,000 – \$12,000         |
| <b>Burn</b> – skin graft  | of applicable burn benefit |
| Coma (lasting for seven or more consecutive days)   | \$12,500                   |
| Concussion  | \$100                      |
| <b>Dislocation</b> – separated joint  |                            |
| ■ Non-surgical – repair.  |                            |
| Incomplete dislocation – or dislocation without anesthesia  Examples: elbow: \$500   ankle: \$1,000   knee: \$1,250   hip |                            |
| ■ Surgical – repair   | \$200 - \$4,500            |
| Examples: elbow: \$1,000   ankle: \$2,000   knee: \$2,500   h   |                            |
| Emergency dental work   | \$50 – \$200               |
| Dental extraction or dental crown, denture or implant   | ***                        |
| Eye injury – with surgical repair or removal of a foreign object  | \$250                      |
| Fracture – complete  Non-surgical – repair  | \$275 - \$3,000            |
| Chip fracture   |                            |
| Examples: hand: \$400   foot: \$400   collarbone: \$625   leg   |                            |
| Surgical – repair   |                            |
| ·   | -                          |
| Hearing-loss injuries <sup>1</sup>  |                            |
| Knee cartilage – torn (with surgical repair)  |                            |
| Laceration (based on repair and length)   |                            |
| Ruptured disc (with surgical repair)  | \$600                      |
| Tendon/ligament/rotator cuff (with surgical repair)  ■ One  | re\$1,200                  |
| = Offe  | e                          |
| HOSPITAL CARE   |                            |
| Hospital admission  | \$1,250                    |
| Hospital confinement (up to 365 days)   | \$250 per day              |
| Hospital sub-acute intensive care unit confinement (up to 30 days   | ) \$350 per day            |
| Intensive care unit admission   | \$1,750                    |
| Intensive care unit confinement (up to 15 days)   | \$450 per day              |
|   | -                          |
| SURGICAL CARE   |                            |
| Blood/plasma/platelets – transfusion  | \$400                      |
| Surgery (based on type of repair and surgery)   | \$225 - \$1,200            |
|   |                            |

| TD | ΔΝ | SD | OP | ΓΔΤ | ION | 2, 1 | OD | GI | NG |
|----|----|----|----|-----|-----|------|----|----|----|
|    |    |    |    |     |     |      |    |    |    |

| Transportation for hospital confinement \$50 (up to three round trips, 50+ miles from home)   | 0 per round trip      |
|---|-----------------------|
| Lodging – companion (up to 30 days)   | \$125 per day         |
| FOLLOW-UP CARE  |                       |
| Accident follow-up treatment – including transportation/telemedicine  | \$45                  |
| Medical equipment   |                       |
| ■ Tier 1  | \$40                  |
| 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 walker or walking boot  |                       |
| ■ Tier 3  | \$200                 |
| Back brace, body jacket, continuous passive movement (CPM), halo, electric scoote hospital bed (including rental), knee scooter, stair lift chair, wheelchair                                   | r,                    |
| Medical imaging study – CT, CAT scan, EEG, EMG, MR or MRI   | \$200                 |
| Pain management for epidural anesthesia – non-surgical  | \$125                 |
| Post-traumatic stress disorder (PTSD)   | \$250                 |
| Prosthetic device/artificial limb   |                       |
| ■ One \$600 ■ More than one Repair/replacement².  | •                     |
| Rehabilitation unit confinement (up to 15 days, not to exceed 30 days per calendar year)  | \$125 per day         |
| Therapy – occupational, physical or speech (up to 10 days)  | \$30 per day          |
| ACCIDENTAL DISMEMBERMENT  |                       |
| Accidental dismemberment  | . \$300 – \$20,000    |
| <ul> <li>Loss, loss of use or paralysis – hand, arm, foot, leg, sight of eye</li> <li>Loss, loss of use – finger, toe, partial dismemberment of finger or toe</li> </ul>                        |                       |
| Accidental dismemberment due to a catastrophic accident   |                       |
| Named insured, spouse or child  | \$12,500 <sup>3</sup> |
| <ul> <li>Total and irrecoverable loss, loss of use or paralysis – 180-day elimination period</li> <li>Both hands, arms, feet, legs or the sight of both eyes; or any combination; or</li> </ul> |                       |
| Loss of hearing in both ears, or loss of ability to speak   |                       |
| ACCIDENTAL DEATH  |                       |
| Accidental death  |                       |
| ■ Named insured, spouse   |                       |
| ■ Child   | \$5,000               |
| Accidental death common carrier   |                       |
| Examples of common carriers are mass transit trains, buses and planes   | ¢100.000              |
| ■ Named insured, spouse   | \$15,000 \$15,000     |



For more information, talk with your benefits counselor.