



Accident Insurance

Preferred Plan

If you are in an accident, your focus should be on recovery, not how you're going to pay your bills. Colonial Life Accident Insurance can pay benefits directly to you to use however you like – from medical costs to everyday expenses – offering financial support when you need it.






Our coverage includes:

- 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
- Works alongside your Health Savings Account (HSA)

BENEFITS STORY

Jacob was running on the playground when he tripped and injured his hand.

With Colonial Life accident benefits, Jacob's parents were able to pay the annual deductible and co-payments.






JACOB'S ACCIDENT BENEFITS			
 <p>Jacob went to an urgent care facility and received immediate care.</p>	➔	Accident emergency treatment	\$125
 <p>The doctor ordered an X-ray and discovered Jacob had fractured his hand.</p>	➔	<ul style="list-style-type: none"> • X-ray • Fracture (hand) 	\$40 \$475
 <p>The doctor also found that Jacob had a cut on his hand.</p>	➔	Laceration (no stitches)	\$30
 <p>Jacob was discharged with a splint.</p>	➔	Medical equipment (splint)	\$40
 <p>Over the next several weeks, Jacob had three follow-up appointments with his doctor.</p>	➔	Accident follow-up treatment (3 visits)	\$165
Total			\$875

For illustrative purposes only for covered accidents. Benefit amounts may vary and may not cover all expenses.

BENEFITS STORY

Olivia was driving to the store when she got into a car accident.

Olivia’s accident benefits helped cover her annual deductible and co-payments.

			OLIVIA'S ACCIDENT BENEFITS	
	Olivia arrived by ambulance at the nearest emergency room and received immediate care.	➔	<ul style="list-style-type: none"> Ambulance Accident emergency treatment Injury due to auto accident 	<p>\$250</p> <p>\$125</p> <p>\$250</p>
	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 a brain injury.	➔	<ul style="list-style-type: none"> X-ray Medical imaging (CT) Thigh fracture – femur (surgical) 	<p>\$40</p> <p>\$250</p> <p>\$5,600</p>
	Olivia was admitted to the hospital for surgery on her leg. She was confined for three days.	➔	<ul style="list-style-type: none"> Hospital admission Surgery (exploratory/arthroscopic) Hospital confinement (3 days) 	<p>\$1,250</p> <p>\$250</p> <p>\$900</p>
	Olivia had eight sessions of physical therapy to help regain the strength in her leg.	➔	<ul style="list-style-type: none"> Physical therapy (8 days) Medical equipment (crutches) 	<p>\$360</p> <p>\$125</p>
	Over the next several weeks, she had six follow-up appointments with her doctor.	➔	Accident follow-up treatment (6 visits)	\$330
			Total	\$9,830

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Summary of Benefits

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

Initial care

- Accident emergency treatment** \$125
Hospital emergency room, urgent care facility or physician’s office
- Accidental injury due to an automobile accident¹** \$250
- Air ambulance** \$2,400
- Ambulance – ground or water** \$250
- Observation room** \$175 per day
(up to two days per calendar year)
- X-ray** \$40

Common accidental injuries

- Burn** \$1,000–\$15,000
(based on size and degree)
- Burn – skin graft** 50% of applicable burn benefit
- Coma** \$15,000
(lasting for seven or more consecutive days)
- Concussion** \$200

Dislocation – separated joint

- Non-surgical – repair** \$125–\$2,750
Examples: elbow: \$600 | ankle: \$1,250 | hip: \$2,750
- Incomplete dislocation – or dislocation without anesthesia** 25%
(payable as a % of the applicable dislocation benefit)
- Surgical – repair** \$250–\$5,500
Examples: elbow: \$1,200 | ankle: \$2,500 | hip: \$5,500

Emergency dental work \$125–\$350

Dental extraction or dental crown, denture or implant

Eye injury – with surgical repair or removal of a foreign object \$350

Fracture – complete

- Non-surgical – repair** \$300–\$3,750
Examples: hand/foot: \$475 | collarbone: \$775 | leg: \$1,250
- Chip fracture** 25%
(payable as a % of the applicable fracture benefit)
- Surgical – repair** \$600–\$7,500
Examples: hand/foot: \$950 | collarbone: \$1,550 | leg: \$2,500



Hearing-loss injuries ²	\$140
Knee cartilage – torn – with surgical repair	\$800
Laceration	\$30–\$750
<i>(based on repair and length)</i>	
Ruptured disc – with surgical repair	\$950
Tendon/ligament/rotator cuff – with surgical repair	
• One	\$800
• Two or more	\$1,600

Hospital care

Hospital admission	\$1,250
Hospital confinement	\$300 per day
<i>(up to 365 days)</i>	
Hospital sub-acute intensive care unit confinement	\$400 per day
<i>(up to 30 days)</i>	
Intensive care unit admission	\$2,500
Intensive care unit confinement	\$550 per day
<i>(up to 15 days)</i>	

Surgical care

Blood/plasma/platelets – transfusion	\$400
Surgery	\$250–\$1,900
<i>(based on type of repair and surgery)</i>	

Transportation and lodging

Transportation for hospital confinement ..	\$700 per round trip
<i>(up to three round trips, 50+ miles from home)</i>	
Lodging-companion	\$150 per day
<i>(up to 30 days)</i>	

Follow-up care

Accident follow-up treatment, including transportation/telemedicine	\$55
<i>(up to six benefits per covered person per covered accident and up to 12 benefits per covered person per calendar year)</i>	

Medical equipment

• Tier 1	\$40
<i>Arm sling, cane, medical ring cushion, neck brace or wrist/ankle splint</i>	
• Tier 2	\$125
<i>Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, shower chair, walker or walking boot</i>	
• Tier 3	\$250
<i>Back brace, body jacket, continuous passive movement (CPM), halo, electric scooter, hospital bed (including rental), knee scooter, stair lift chair or wheelchair</i>	

Medical imaging study – CT, CAT scan, EEG, EMG, MR or MRI	\$250
<i>(one per calendar year)</i>	

Pain management for epidural anesthesia – non-surgical ..	\$125
Post-traumatic stress disorder (PTSD)	\$250

Prosthetic device/artificial limb	
• One	\$950
• More than one	\$1,900
• Repair/replacement ³	\$475/\$950

Rehabilitation unit confinement	\$175 per day
<i>(up to 15 days, not to exceed 30 days per calendar year)</i>	

Therapy – occupational, physical or speech	\$45 per day
<i>(up to 10 days)</i>	

Accidental dismemberment

Accidental dismemberment	\$1,050–\$4,000
• Loss, loss of use or paralysis – hand, arm, foot, leg, sight of eye	
• Loss, loss of use – finger, toe, partial dismemberment of finger or toe	

Accidental death

Accidental death	
• Named insured, spouse	\$40,000
• Child	\$10,000

Accidental death common carrier

<i>Examples of common carriers are mass transit trains, buses and planes</i>	
• Named insured, spouse	\$160,000
• Child	\$30,000



For more information, contact your Colonial Life benefits counselor.

- 1 Requires transportation by a licensed professional air ambulance or ambulance (ground or water).
- 2 One benefit for each injured ear per covered person per lifetime.
- 3 One repair or replacement per prosthetic device/artificial limb per covered person per lifetime.

HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

THIS POLICY PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of a covered person's felonies or illegal occupations, hazardous avocations, racing, semi-professional or professional sports, sickness, suicide or injuries which any covered person intentionally does to himself, war or armed conflict.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IAC4000-CA. For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

CA LIC#: _____

