



# 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		
	Jacob went to an urgent care facility and received immediate care.	➡
	The doctor ordered an X-ray and discovered Jacob had fractured his hand.	➡
	The doctor also found that Jacob had a cut on his hand.	➡
	Jacob was discharged with a splint.	➡
	Over the next several weeks, Jacob had three follow-up appointments with his doctor.	➡
For illustrative purposes only for covered accidents. Benefit amounts may vary and may not cover all expenses.		
Accident emergency treatment		\$125
<ul style="list-style-type: none"> <li>• X-ray</li> <li>• Fracture (hand)</li> </ul>		\$40 \$475
Laceration (no stitches)		\$30
Medical equipment (splint)		\$40
Accident follow-up treatment (3 visits)		\$165
<b>Total</b>		<b>\$875</b>

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"><li>Ambulance</li><li>Accident emergency treatment</li><li>Injury due to auto accident</li></ul>	<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"><li>X-ray</li><li>Medical imaging (CT)</li><li>Thigh fracture – femur (surgical)</li></ul>	<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"><li>Hospital admission</li><li>Surgery (exploratory/arthroscopic)</li><li>Hospital confinement (3 days)</li></ul>	<p>\$1,250</p> <p>\$350</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"><li>Physical therapy (8 days)</li><li>Medical equipment (crutches)</li></ul>	<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

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

Summary of Benefits

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

Initial care

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

Common accidental injuries

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

Dislocation – separated joint

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

Emergency dental work.....	\$125–\$350
<i>Dental extraction or dental crown, denture or implant</i>	

Eye injury – with surgical repair or removal of a foreign object.....	\$350
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Fracture – complete	
• Non-surgical – repair .....	\$300–\$3,750
<i>Examples: hand/foot: \$475   collarbone: \$775   leg: \$1,250</i>	
• Chip fracture .....	25%
<i>(payable as a % of the applicable fracture benefit )</i>	
• Surgical – repair .....	\$600–\$7,500
<i>Examples: hand/foot: \$950   collarbone: \$1,550   leg: \$2,500</i>	



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

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<sup>3</sup> .....
- \$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 .....	\$600–\$25,000
• 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 dismemberment due to a catastrophic accident

- **Named insured, spouse or child** .....
- \$30,000<sup>4</sup>
- Total and irrecoverable loss, loss of use or paralysis – 180-day elimination period
- Loss of both hands, arms, feet, legs or the sight of both eyes; or any combination; or
- Loss of hearing in both ears, or loss of ability to speak

## 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.
- 4 Payable once per lifetime per covered person.

#### **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. In addition, we will not pay Accidental Dismemberment Due to Catastrophic Accident benefits for injuries a child sustains during birth, or for injuries that are the result of intoxication or use of narcotics.

#### **STATE VARIATIONS FOR EXCLUSIONS AND LIMITATIONS**

**KS:** Not applicable to "for injuries a child sustains during birth."

**MI:** Not applicable to "suicide or injuries which any covered person intentionally does to himself" or for injuries that are the result of intoxication or use of narcotics."

**OR:** Replace "felonies or illegal occupations" with "felonies."

**PA:** Not applicable to "injuries a child sustains during birth" or "injuries that are the result of intoxication or use of narcotics."

**SC:** Not applicable to "hazardous avocations, racing, semi-professional or professional sports."

**VT:** Not applicable to "hazardous avocations, racing, semi-professional or professional sports." The additional exclusions for Accidental Dismemberment due to Catastrophic Accident "for injuries a child sustains during birth, or for injuries that are the result of intoxication or use of narcotics" do not apply.

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 (including state abbreviations where used, for example: IAC4000-SC). For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.



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