

Accident Insurance

Accidents can happen to anyone

You never know when you or someone you love could get hurt in an accident. And accidents come with costs, such as emergency room fees, doctor's bills and lost income from missing work. Even if you have good health insurance, deductibles and co-pays can really add up.

With accident insurance from Colonial Life, you can receive benefits to help with the expenses of a covered accident. This financial protection can help you focus on what really matters: healing.

With this coverage:

- A set amount is payable based on the injury you suffer and the treatment you receive.
- You do not need to answer medical questions or have a physical exam to get basic coverage.
- Unlike workers' compensation, which only covers on-the-job injuries, accident insurance covers injuries that happen on-the-job or off-the-job.
- Coverage is available for you, your spouse and eligible dependent children.

Talk with your
Colonial Life benefits counselor
to learn more.

ACCIDENT POLICIES PROVIDE LIMITED BENEFITS.

ColonialLife.com

The policies or their provisions may vary or be unavailable in all states. The policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your Colonial Life representative for specific provisions and details of availability.

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Accident Insurance Preferred 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. Our 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.

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
- Keep coverage no matter where you go
- Works alongside your health savings account (HSA)

All of this can help you get back on your feet.



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.



DOCTOR'S OFFICE VISIT

Over the next several weeks, he had three follow-up appointments with his doctor.

MILO'S BENEFITS

With 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)	\$900
Medical equipment (splint)	\$40
Accident follow-up treatment (3 visits)	\$165

Total: \$1,300

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.

Ambulance	\$250
Accident emergency treatment	\$125
X-ray	\$40
Medical imaging study (CT)	\$250
Hospital admission	\$1,250
Hospital confinement (3 days)	\$900
Thigh fracture – (major - surgical)	\$1,800
Surgery (minor)	\$350
Medical equipment (crutches)	\$125
Accident follow-up treatment (6 visits)	\$330
Physical therapy (8 days)	\$360

Total: \$5,780

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	
Air ambulance.....	\$2,400
Ambulance – ground or water.....	\$250
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 – \$15,000		
Burn – skin graft	50% of applicable burn benefit		
Concussion	\$200		
Dislocation (separated joint)	Non-surgical	Surgical	
■ Major dislocation (all dislocations except fingers or toes).....	\$900	\$1,800	
■ Minor dislocation (fingers or toes).....	\$125	\$250	
■ Incomplete dislocation.....	25% of the major or minor dislocation benefit for non-surgical of joint involved		
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 (broken bone)	Non-surgical	Surgical	
■ Major fracture (all fractures except fingers or toes).....	\$900	\$1,800	
■ Minor fracture (fingers or toes).....	\$125	\$250	
■ Chip fracture.....	25% of the major or minor fracture benefit for non-surgical of bone involved		
Hearing-loss injuries ¹	\$140		
Knee cartilage – torn (with surgical repair).....	\$800		
Laceration (based on repair and length).....	\$30 – \$750		
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 (up to 365 days).....	\$300 per day
Hospital sub-acute intensive care unit confinement (up to 30 days).....	\$400 per day
Intensive care unit admission.....	\$2,500
Intensive care unit confinement (up to 15 days).....	\$550 per day

SURGICAL CARE

Blood/plasma/platelets – transfusion.....	\$400
Surgery	
■ Major surgery (cranial, open abdominal and thoracic excluding hernia repair).....	\$1,900
■ Minor surgery (hernia or any other surgery except cranial, open abdominal or thoracic).....	\$350

For illustrative purposes only.

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

TRANSPORTATION & LODGING

Transportation for hospital confinement \$700 per round trip
(up to three round trips, 50+ miles from home)

Lodging – companion (up to 30 days) \$150 per day

FOLLOW-UP CARE

Accident follow-up treatment – telemedicine \$55
(up to six benefits per covered person per covered accident and
up to 12 benefits per covered person per calendar year)

Medical equipment

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

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

Pain management for epidural anesthesia – non-surgical \$125

Prosthetic device/artificial limb

- **One** \$950 ■ **More than one** \$1,900
- **Repair/replacement²** \$475/\$950

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

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

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

Loss of consciousness due to coma \$15,000
Lasting for seven or more consecutive days

Accidental dismemberment due to a catastrophic accident

- **Named insured, spouse or child** \$30,000³
- Total and irrecoverable loss, loss of use or paralysis – 180-day elimination period
- 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

Examples of common carriers are mass transit trains, buses and planes

- **Named insured, spouse** \$160,000
- **Child** \$30,000



For more information,
talk with your
benefits counselor.



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- 1 One benefit for each injured ear per covered person per lifetime.
- 2 One repair or replacement per prosthetic device/artificial limb per covered person per lifetime.
- 3 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 accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The expected benefit ratio for this policy exceeds 50%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

THIS POLICY PROVIDES LIMITED BENEFITS.

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 aviation, felonies, riot or insurrection, suicide or injuries which any covered person intentionally does to himself, war or act of war. In addition, we will not pay Accidental Dismemberment Due to Catastrophic Accident benefits for injuries that are the result of intoxication or use of narcotics.

This information is not intended to be a complete description of the insurance coverage available. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IAC4000-NY. For cost and complete details of coverage, call or write your benefits counselor or the company.

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