

Accident Insurance

Preferred Plan



For more information,
talk with your
benefits counselor.

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Accident insurance can help with medical or other costs associated with a covered accident or injury that your health insurance may not cover. Coverage options are available for you, your spouse and eligible dependent children.

Benefits are per covered person per covered accident unless stated otherwise

Accident emergency treatment \$125
One visit per covered person per covered accident

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

Per covered person	Accidental death	Accidental death common carrier
■ Named insured	\$40,000	\$160,000
■ Spouse	\$40,000	\$160,000
■ Dependent child(ren)	\$10,000	\$30,000

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

Accidental dismemberment

Loss, loss of use or paralysis

- One hand, arm, foot, leg or sight of an eye \$12,500
- Both hands, arms, feet, legs or the sight of both eyes; or any combination \$25,000

Loss or loss of use

- One finger or one toe \$1,050
- Two or more fingers; two or more toes; or any combination \$2,100
- Partial dismemberment of one finger or toe \$600
- Partial dismemberment of two or more fingers or toes; or any combination \$1,200

Accidental dismemberment due to a catastrophic accident

Total and irrecoverable loss, loss of use or paralysis

- 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

Payable once per lifetime per covered person

- Named insured \$30,000
- Spouse \$30,000
- Dependent child(ren) \$30,000

Accidental injury due to an automobile accident \$250

Requires transportation to a hospital or medical facility by ambulance

Payable once per calendar year for all covered persons combined

Air ambulance \$2,400

Transportation to or from a hospital or medical facility

Ambulance (ground or water) \$250

Transportation to or from a hospital or medical facility

Blood/plasma/platelets (transfusion) \$400

A transfusion required during treatment of a covered accident

Burn

- 2nd-degree burns (covering at least 36% of the body's surface) \$1,000
- 3rd-degree burns (based on size) \$2,500 – \$15,000

Luke was cleaning out the gutters when he fell.



EMERGENCY ROOM VISIT

Luke was taken by ambulance to the nearest emergency room and received immediate care.



DIAGNOSTIC PROCEDURE

The doctor ordered an X-ray and discovered Luke had fractured his leg.



HOSPITAL CONFINEMENT

Luke was admitted to the hospital for surgery on his leg. He was confined for three days.



PHYSICAL THERAPY

Luke had eight sessions of PT to help him regain the strength in his leg.



DOCTOR'S OFFICE VISIT

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

LUKE'S OUT-OF-POCKET EXPENSES

When Luke totaled up the bills, he had to pay his annual deductible, as well as co-payments for the ambulance, emergency room, hospital, surgery, physical therapy and follow-up visits. Luckily, Luke had accident coverage to help with these expenses.

LUKE'S BENEFITS	
Ambulance	\$250
Emergency room visit	\$125
X-ray	\$40
Hospital admission	\$1,250
Hospital confinement	\$900
Leg fracture (surgical)	\$2,500
Physical therapy	\$360
Medical equipment (crutches)	\$125
Doctor's office visit	\$165
	\$5,715

Burn – skin graft 50% of applicable burn benefit

As a result of 2nd-degree or 3rd-degree burns

Coma \$15,000

Lasting for seven or more consecutive days

Concussion \$200

Dislocation (separated joint) Non-surgical Surgical

■ Hip \$2,750 \$5,500

■ Knee (except patella) \$1,375 \$2,750

■ Ankle, bone or bones of the foot (other than toes) \$1,250 \$2,500

■ Collarbone (sternoclavicular) \$950 \$1,900

■ Collarbone (acromioclavicular and separation) \$600 \$1,200

■ Lower jaw, shoulder, elbow, wrist, bone(s) of the hand \$600 \$1,200

■ Finger, toe \$125 \$250

■ Incomplete dislocation or dislocation reduction without anesthesia 25% of the applicable non-surgical amount

Emergency dental work

■ Dental crown, denture or implant \$350

■ Dental extraction \$125

Eye injury \$350

With surgical repair or removal of a foreign object

Fracture (complete) Non-surgical Surgical

■ Skull, depressed fracture (except face/nose) \$3,750 \$7,500

■ Skull, simple non-depressed fracture (except face/nose) \$1,500 \$3,000

■ Hip, thigh (femur) \$2,800 \$5,600

■ Body of vertebrae (excluding vertebral processes), pelvis, leg \$1,250 \$2,500

■ Bones of the face or nose (except mandible or maxilla) \$600 \$1,200

■ Upper jaw, maxilla, upper arm between elbow and shoulder \$550 \$1,100

■ Lower jaw, mandible \$475 \$950

■ Kneecap, ankle, foot or heel \$475 \$950

■ Shoulder blade \$475 \$950

■ Collarbone, vertebral processes \$775 \$1,550

■ Forearm, hand, wrist \$475 \$950

■ Rib \$775 \$1,550

■ Coccyx \$300 \$600

■ Finger, toe \$400 \$800

■ Chip fracture 25% of the applicable non-surgical amount

Hearing-loss injuries \$140

Maximum of one benefit for each injured ear per covered person per lifetime

Hospital admission \$1,250

Per period of confinement, per covered person per covered accident

Hospital confinement \$300 per day

Up to 365 days per covered person per covered accident

Hospital sub-acute intensive care unit confinement \$400 per day

Up to 30 days per covered person per covered accident

Intensive care unit admission \$2,500

Per covered person per covered accident

Intensive care unit confinement \$550 per day

Up to 15 days per covered person per covered accident

For illustrative purposes only.

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

Knee cartilage (torn)	\$800
Laceration (no repair, without stitches)	\$30
Laceration (repaired by stitches)	
■ Total of all lacerations is less than two inches long	\$100
■ Total of all lacerations is at least two but less than six inches long	\$350
■ Total of all lacerations is six inches or longer	\$750
Lodging (companion)	\$150 per day
Up to 30 days per covered person per covered accident	
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 benefit per covered person per covered accident per calendar year	
Observation room	\$175 per day
Up to two days per covered person per calendar year	
Pain management for epidural anesthesia (non-surgical)	\$125
Post-Traumatic Stress Disorder (PTSD)	\$250
Diagnosed from a covered accident with one benefit per covered person per calendar year	
Prosthetic device/artificial limb	
■ One	\$950
■ More than one	\$1,900
Repair or replacement	
■ Repair	\$475
■ Replacement	\$950
One repair or replacement per prosthetic device/artificial limb per covered person per lifetime	
Rehabilitation unit confinement	\$175 per day
Immediately after a period of hospital confinement due to a covered accident; up to 15 days per covered person per covered accident, not to exceed 30 days per covered person per calendar year	
Ruptured disc with surgical repair	\$950
Surgery	
■ Cranial, open abdominal and thoracic	\$1,900
■ Hernia with surgical repair	\$250
Surgery (exploratory and arthroscopic)	\$350
Tendon/ligament/rotator cuff	
■ One with surgical repair	\$800
■ Two or more with surgical repair	\$1,600
Therapy (occupational, physical or speech)	\$45 per day
Up to 10 days per covered person per covered accident	
Transportation for hospital confinement	\$700 per round trip
Up to 3 round trips for more than 50 miles from home per covered person per covered accident	
X-ray	\$40



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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.

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. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to policy form IAC4000-PA. Premium at the effective date will vary according to the family coverage type.

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