

# Accident Insurance

## Premier 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** ..... \$200  
One visit per covered person per covered accident

**Accident follow-up treatment (including transportation/telemedicine)** ..... \$85  
Up to six benefits per covered person per covered accident and  
up to 12 benefits per covered person per calendar year

Accidental death	Accidental death	Accidental death
Per covered person		common carrier
■ Named insured .....	\$30,000 .....	\$120,000
■ Spouse .....	\$30,000 .....	\$120,000
■ Dependent child(ren) .....	\$15,000 .....	\$45,000

*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 ..... \$20,000
  - Both hands, arms, feet, legs or the sight of both eyes; or any combination ..... \$40,000
- Loss or loss of use**
- One finger or one toe ..... \$1,650
  - Two or more fingers; two or more toes; or any combination ..... \$3,300
  - Partial dismemberment of one finger or toe ..... \$900
  - Partial dismemberment of two or more fingers or toes; or any combination ..... \$1,800

**Accidental dismemberment due to a catastrophic accident**

- For total and irrecoverable loss, loss of use or paralysis of one of the following:
- Both hands, arms, feet, legs or the sight of both eyes; or any combination; or
  - Loss of sight of both eyes, loss of hearing of both ears, or loss of ability to speak

Subject to a 180-day elimination period; 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** ..... \$2,800  
Transportation to or from a hospital or medical facility

**Ambulance (ground or water)** ..... \$400  
Transportation to or from a hospital or medical facility

**Blood/plasma/platelets (transfusion)** ..... \$700  
A transfusion required during treatment of a covered accident

**Burn**

- 2nd-degree burns (covering at least 36% of the body's surface) ..... \$2,500
- 3rd-degree burns (based on size) ..... \$4,000 – \$24,000

# John was cleaning out the gutters when he fell.



## EMERGENCY ROOM VISIT

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



## DIAGNOSTIC PROCEDURE

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



## HOSPITAL CONFINEMENT

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



## PHYSICAL THERAPY

John 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.

## JOHN'S OUT-OF-POCKET EXPENSES

When John 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, John had accident coverage to help with these expenses.

JOHN'S BENEFITS	
Ambulance	\$400
Emergency room visit	\$200
X-ray	\$60
Hospital admission	\$1,500
Hospital confinement	\$900
Leg fracture (surgical)	\$3,500
Physical therapy	\$440
Medical equipment (crutches)	\$200
Doctor's office visit	\$195
	<b>\$7,395</b>

For illustrative purposes only.

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

**Burn – skin graft** ..... 50% of applicable burn benefit

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

**Coma** ..... \$20,000

Lasting for seven or more consecutive days

**Concussion** ..... \$300

Dislocation (separated joint)	Non-surgical	Surgical
■ Hip	\$3,750	\$7,500
■ Knee (except patella)	\$1,875	\$3,750
■ Ankle, bone or bones of the foot (other than toes)	\$1,750	\$3,500
■ Collarbone (sternoclavicular)	\$1,400	\$2,800
■ Collarbone (acromioclavicular and separation)	\$850	\$1,700
■ Lower jaw, shoulder, elbow, wrist, bone(s) of the hand	\$850	\$1,700
■ Finger, toe	\$175	\$350
■ Incomplete dislocation or dislocation reduction without anesthesia	25% of the applicable non-surgical amount	

## Emergency dental work

- Dental crown, denture or implant ..... \$700
- Dental extraction ..... \$250

**Eye injury** ..... \$550

With surgical repair or removal of a foreign object

Fracture (complete)	Non-surgical	Surgical
■ Skull, depressed fracture (except face/nose)	\$5,250	\$10,500
■ Skull, simple non-depressed fracture	\$2,100	\$4,200
■ Hip, thigh (femur)	\$4,200	\$8,400
■ Body of vertebrae (excluding vertebral processes), pelvis, leg	\$1,750	\$3,500
■ Bones of the face or nose (except mandible or maxilla)	\$1,000	\$2,000
■ Upper jaw, maxilla, upper arm between elbow and shoulder	\$750	\$1,500
■ Lower jaw, mandible	\$625	\$1,250
■ Kneecap, ankle, foot or heel	\$625	\$1,250
■ Shoulder blade	\$625	\$1,250
■ Collarbone, vertebral processes	\$1,050	\$2,100
■ Forearm, hand, wrist	\$625	\$1,250
■ Rib	\$1,050	\$2,100
■ Coccyx	\$400	\$800
■ Finger	\$525	\$1,050
■ Toe	\$525	\$1,050
■ Chip fracture	25% of the applicable non-surgical amount	

**Hearing-loss injuries** ..... \$180

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

**Hospital admission** ..... \$1,500

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** ..... \$500 per day

Up to 30 days per covered person per covered accident

**Intensive care unit admission** ..... \$2,750

Per covered person per covered accident

**Intensive care unit confinement** ..... \$600 per day

Up to 15 days per covered person per covered accident

<b>Knee cartilage (torn)</b> .....	<b>\$1,000</b>
<b>Laceration (no repair, without stitches)</b> .....	<b>\$30</b>
<b>Laceration (repaired by stitches)</b>	
■ Total of all lacerations is less than two inches long .....	<b>\$150</b>
■ Total of all lacerations is at least two but less than six inches long .....	<b>\$450</b>
■ Total of all lacerations is six inches or longer .....	<b>\$700</b>
<b>Lodging (companion)</b> .....	<b>\$200 per day</b>
Up to 30 days per covered person per covered accident	
<b>Medical equipment</b>	
■ <b>Tier 1</b> .....	<b>\$40</b>
Arm sling, cane, medical ring cushion, neck brace or wrist/ankle splint	
■ <b>Tier 2</b> .....	<b>\$200</b>
Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, shower chair, walker or walking boot	
■ <b>Tier 3</b> .....	<b>\$400</b>
Back brace, body jacket, Continuous Passive Movement (CPM), halo, electric scooter, hospital bed (including rental), knee scooter, stair lift chair, wheelchair	
<b>Medical imaging study (CT, CAT scan, EEG, EMG, MR or MRI)</b> .....	<b>\$350</b>
One benefit per covered person per covered accident per calendar year	
<b>Observation room</b> .....	<b>\$225 per day</b>
Up to two days per covered person per calendar year	
<b>Pain management for epidural anesthesia (non-surgical)</b> .....	<b>\$200</b>
<b>Post-Traumatic Stress Disorder (PTSD)</b> .....	<b>\$300</b>
Diagnosed from a covered accident with one benefit per covered person per calendar year	
<b>Prosthetic device/artificial limb</b>	
■ One .....	<b>\$1,400</b>
■ More than one .....	<b>\$2,800</b>
<b>Repair or replacement</b>	
■ Repair .....	<b>\$700</b>
■ Replacement .....	<b>\$1,400</b>
One repair or replacement per prosthetic device/artificial limb per covered person per lifetime	
<b>Rehabilitation unit confinement</b> .....	<b>\$275 per day</b>
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	
<b>Ruptured disc with surgical repair</b> .....	<b>\$1,600</b>
<b>Surgery</b>	
■ Cranial, open abdominal and thoracic .....	<b>\$2,100</b>
■ Hernia with surgical repair .....	<b>\$350</b>
<b>Surgery (exploratory and arthroscopic)</b> .....	<b>\$400</b>
<b>Tendon/ligament/rotator cuff</b>	
■ One with surgical repair .....	<b>\$1,050</b>
■ Two or more with surgical repair .....	<b>\$2,100</b>
<b>Therapy (occupational, physical or speech)</b> .....	<b>\$55 per day</b>
Up to 10 days per covered person per covered accident	
<b>Transportation for hospital confinement (per round trip)</b> .....	<b>\$1,000</b>
Up to 3 round trips for more than 50 miles from home per covered person per covered accident	
<b>X-ray</b> .....	<b>\$60</b>



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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. 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.

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 forms IAC4000-CO-R-1, IAC4000-KY and IAC4000-NB-OH. Premium at the effective date will vary according to the family coverage type.

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