

# Accident Insurance

## Preferred Plan



For more information,  
talk with your  
benefits counselor.

ColonialLife.com

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

Accidental death 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

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** ..... \$2,400  
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

# 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.



## 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	\$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
	<b>\$5,715</b>

<b>Burn – skin graft</b> .....	50% of applicable burn benefit	
As a result of 2nd-degree or 3rd-degree burns		
<b>Coma</b> .....	\$15,000	
Lasting for seven or more consecutive days		
<b>Concussion</b> .....	\$200	
<b>Dislocation (separated joint)</b>	<b>Non-surgical</b>	<b>Surgical</b>
■ 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 .....	25% of the applicable non-surgical amount	
<b>Emergency dental work</b>		
■ Dental crown, denture or implant .....	\$350	
■ Dental extraction .....	\$125	
<b>Eye injury</b> .....	\$350	
With surgical repair or removal of a foreign object		
<b>Fracture (complete)</b>	<b>Non-surgical</b>	<b>Surgical</b>
■ Skull, depressed fracture (except face/nose) .....	\$3,750	\$7,500
■ Skull, simple non-depressed fracture .....	\$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 .....	\$400	\$800
■ Toe.....	\$400	\$800
■ Chip fracture .....	25% of the applicable non-surgical amount	
<b>Hearing-loss injuries</b> .....	\$140	
Maximum of one benefit for each injured ear per covered person per lifetime		
<b>Hospital admission</b> .....	\$1,250	
Per covered person per covered accident		
<b>Hospital confinement</b> .....	\$300 per day	
Up to 365 days per covered person per covered accident		
<b>Hospital sub-acute intensive care unit confinement</b> .....	\$400 per day	
Up to 30 days per covered person per covered accident		
<b>Intensive care unit admission</b> .....	\$2,500	
Per covered person per covered accident		
<b>Intensive care unit confinement</b> .....	\$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.

<b>Knee cartilage (torn)</b> .....	\$800
<b>Laceration (no repair, without stitches)</b> .....	\$30
<b>Laceration (repaired by stitches)</b>	
■ 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
<b>Lodging (companion)</b> .....	\$150 per day
Up to 30 days per covered person per covered accident	
<b>Medical equipment</b>	
■ <b>Tier 1</b> .....	\$40
Arm sling, cane, medical ring cushion, neck brace or wrist/ankle splint	
■ <b>Tier 2</b> .....	\$125
Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, shower chair, walker or walking boot	
■ <b>Tier 3</b> .....	\$250
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> .....	\$250
One benefit per covered person per covered accident per calendar year	
<b>Observation room</b> .....	\$175 per day
Up to two days per covered person per calendar year	
<b>Pain management for epidural anesthesia (non-surgical)</b> .....	\$125
<b>Post-Traumatic Stress Disorder (PTSD)</b> .....	\$250
Diagnosed from a covered accident with one benefit per covered person per calendar year	
<b>Prosthetic device/artificial limb</b>	
■ One .....	\$950
■ More than one .....	\$1,900
<b>Repair or replacement</b>	
■ Repair .....	\$475
■ Replacement .....	\$950
One repair or replacement per prosthetic device/artificial limb per covered person per lifetime	
<b>Rehabilitation unit confinement</b> .....	\$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	
<b>Ruptured disc with surgical repair</b> .....	\$950
<b>Surgery</b>	
■ Cranial, open abdominal and thoracic .....	\$1,900
■ Hernia with surgical repair .....	\$250
<b>Surgery (exploratory and arthroscopic)</b> .....	\$350
<b>Tendon/ligament/rotator cuff</b>	
■ One with surgical repair .....	\$800
■ Two or more with surgical repair .....	\$1,600
<b>Therapy (occupational, physical or speech)</b> .....	\$45 per day
Up to 10 days per covered person per covered accident	
<b>Transportation for hospital confinement (per round trip)</b> .....	\$700
Up to 3 round trips for more than 50 miles from home per covered person per covered accident	
<b>X-ray</b> .....	\$40



For more information,  
talk with your  
benefits counselor.



ColonialLife.com

#### **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, 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 form IAC4000-SC. Premium at the effective date will vary according to the family coverage type.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC  
©2017 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.

# Accident Insurance

## Wellbeing Assistance Standard Benefit



For more information,  
talk with your  
benefits counselor.

This benefit can help pay for routine preventive tests and services.

**Wellbeing assistance standard** ..... \$ \_\_\_\_\_

Payable once per covered person per calendar year; subject to a 30-day waiting period

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

### 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.

### 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, 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 form IAC4000-SC. Premium at the effective date will vary according to family coverage type and benefit amount selected.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC  
©2017 Colonial Life & Accident Insurance Company. All rights reserved. Colonial Life is a registered trademark and marketing brand of Colonial Life & Accident Insurance Company.