

#### **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.



### **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. Colonial Life 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.



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.



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

**DOCTOR'S OFFICE VISIT** 

#### **MILO'S BENEFITS**

With Colonial Life 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)                         | \$475 |
| Medical equipment (splint)              | \$40  |
| Accident follow-up treatment (3 visits) | \$165 |

Total: \$875

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.

| annual deductible and co-payments.              |         |  |  |  |
|---|---------|--|--|--|
| Ambulance                                       | \$250   |  |  |  |
| Accidental injury due to an automobile accident | \$250   |  |  |  |
| Accident emergency treatment                    | \$125   |  |  |  |
| X-ray   | \$40    |  |  |  |
| Medical imaging study (CT)                      | \$250   |  |  |  |
| Hospital admission                              | \$1,250 |  |  |  |
| Hospital confinement (3 days)                   | \$900   |  |  |  |
| Thigh fracture – femur (surgical)               | \$5,600 |  |  |  |
| Surgery (exploratory/arthroscopic)              | \$350   |  |  |  |
| Medical equipment (crutches)                    | \$125   |  |  |  |
| Accident follow-up treatment (6 visits)         | \$330   |  |  |  |
| Physical therapy (8 days)                       | \$360   |  |  |  |

Total: \$9,830

For illustrative purposes only.

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

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

#### **INITIAL CARE**

| INITIAL CARE  |                        |
|---|------------------------|
| Accident emergency treatment  | \$125                  |
| Accidental injury due to an automobile accident   | \$250                  |
| 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   | ble burn benefit       |
| Coma (lasting for seven or more consecutive days)   | \$15,000               |
| Concussion  | \$200                  |
| Dislocation – separated joint   |                        |
| ■ Non-surgical – repair   | · ·                    |
| Incomplete dislocation – or dislocation without anesthesia                                    |                        |
| ■ Surgical – repair   | \$250 – \$5,500        |
| Emergency dental work  Dental extraction or dental crown, denture or implant                  | \$125 - \$350          |
| Eye injury – with surgical repair or removal of a foreign object                              | \$350                  |
| Fracture – complete  Non-surgical – repair  | \$300 <b>–</b> \$3 750 |
| Chip fracture.  | •                      |
| Examples: hand: \$475   foot: \$475   collarbone: \$775   leg: \$1,250                        |                        |
| ■ Surgical – repair  Examples: hand: \$950   foot: \$950   collarbone: \$1,550   leg: \$2,500 | \$600 – \$7,500        |
| Hearing-loss injuries <sup>1</sup>  | \$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 (based on type of repair and surgery)   | \$250 – \$1,900        |

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| TRANSFORTATION & LODGING   |
|--|
| Transportation for hospital confinement \$700 per round trip (up to three round trips, 50+ miles from home)  |
| Lodging – companion (up to 30 days)  |
| FOLLOW-UP CARE   |
| Accident follow-up treatment – including transportation/telemedicine   |
| Medical equipment  ■ Tier 1  |
| Arm sling, cane, medical ring cushion, neck brace or wrist/ankle splint  Tier 2  |
| ■ Tier 3   |
| Medical imaging study – CT, CAT scan, EEG, EMG, MR or MRI  |
| 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/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 |
| Accidental dismemberment due to a catastrophic accident  Named insured, spouse or child  |
| 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.
- $3\ \ Payable\ once\ per\ lifetime\ per\ covered\ person.\ Also,\ PA\ does\ not\ have\ a\ 180-day\ elimination\ period.\ TN\ has\ a\ 90-day\ elimination\ period.$

#### 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.

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."

WA: Replace "felonies or illegal occupations" with "felonies, riots or insurrections." Replace "intoxication or use of narcotics" with "alcoholism or drug addiction." Not applicable to "hazardous avocations, racing, semi-professional or professional sports."

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 (plus state abbreviations where applicable, such as IAC4000-TX). Coverage may vary by state and may not be available in all states. Premium will vary according to the family coverage type.

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## Colonial Life

## Accident Insurance

Wellbeing Assistance Standard Benefit

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



For more information, talk with your benefits counselor.

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Wellbeing assistance standard.....

\$\_50.00

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

Deductions per year: 12

These rates were prepared on 1/20/2022 and are valid for 90 days.

### Individual Accident (IAC4000) for PA

On/Off-Job Accident Coverage, Wellbeing Assistance Standard - \$50

Applicable to Policy Forms IAC4000

| BENEFIT LEVEL | ISSUE AGE | NAMED INSURED | EMPLOYEE & SPOUSE | ONE-PARENT FAMILY | TWO-PARENT FAMILY |
|---------------|-----------|---------------|-------------------|-------------------|-------------------|
| Preferred     | 0-80      | \$20.56       | \$34.68           | \$42.74           | \$56.86           |

#### **Important Notice**

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

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