## **Accident Insurance**



Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and

they're unexpected. How you care for them shouldn't be.

In your lifetime, which of these accidental injuries have happened to you or someone you know?

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries

- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor's office

Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you'll feel better knowing you can have greater financial security.

## What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Healthcare Spending Account (HSA) guidelines

# Will my accident claim payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

## What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premiums when they are due or within the grace period.

## Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

## How do I file a claim?

Visit coloniallife.com or call our Customer Service Department at 1.800.325.4368 for additional information.

### Benefits listed are for each covered person per covered accident unless otherwise specified. **Initial Care**

- Accident Emergency Treatment.......\$125
   Ambulance .....\$200

### **Common Accidental Injuries**

| Dislocations (Separated Joint)                      | Non-Surgical | Surgical |
|---|--------------|----------|
| Нір   | \$2,400      | \$4,800  |
| Knee (except patella)                               | \$1,200      | \$2,400  |
| Ankle – Bone or Bones of the Foot (other than Toes) | \$960        | \$1,920  |
| Collarbone (Sternoclavicular)                       | \$600        | \$1,200  |
| Lower Jaw, Shoulder, Elbow, Wrist                   | \$360        | \$720    |
| Bone or Bones of the Hand                           | \$360        | \$720    |
| Collarbone (Acromioclavicular and Separation)       | \$120        | \$240    |
| One Toe or Finger                                   | \$120        | \$240    |
|   |              |          |
| Fractures   | Non-Surgical | Surgical |
| Depressed Skull                                     | \$3,000      | \$6,000  |
| Non-Depressed Skull                                 | \$1,200      | \$2,400  |
| Hip, Thigh  | \$1,800      | \$3,600  |
| Body of Vertebrae, Pelvis, Leg                      | \$900        | \$1,800  |
| Bones of Face or Nose (except mandible or maxilla)  | \$420        | \$840    |
| Upper Jaw, Maxilla                                  | \$420        | \$840    |
| Upper Arm between Elbow and Shoulder                | \$420        | \$840    |
| Lower Jaw, Mandible, Kneecap, Ankle, Foot           | \$360        | \$720    |
| Shoulder Blade, Collarbone, Vertebral Process       | \$360        | \$720    |
| Forearm, Wrist, Hand                                | \$360        | \$720    |
| Rib   | \$300        | \$600    |
| Соссух  | \$240        | \$480    |
| Finger, Toe   | \$120        | \$240    |

Your Colonial Life policy also provides benefits for the following injuries received as a result of a covered accident.

| • | Burn (based on size and degree) | \$1,000 to \$12,000                                |
|---|---------------------------------|--|
| • | Coma                            | \$12,500   |
| • | Concussion                      | \$60   |
| • | Emergency Dental Work           | \$100 Extraction, \$400 Crown, Implant, or Denture |
| • | Lacerations (based on size)     | \$30 to \$500                                      |
|   |                                 |  |

### **Requires Surgery**

| • | Eye Injury                   | \$300                              |
|---|------------------------------|------------------------------------|
| • | Tendon/Ligament/Rotator Cuff | \$750 - one, \$1,500 - two or more |
| • | Ruptured Disc                | \$750                              |
| • | Torn Knee Cartilage          | \$750                              |

#### **Surgical Care**

| • | Surgery (cranial, open abdominal or thoracic) | \$1,500 |
|---|---|---------|
| • | Surgery (hernia)                              | \$150   |
| • | Surgery (arthroscopic or exploratory)         | \$200   |
| • | Blood/Plasma/Platelets                        | \$300   |

#### **Transportation/Lodging Assistance**

If injured, covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

- • Lodging (family member or companion)......\$150 per night up to 30 days for
  - a hotel/motel lodging costs

#### **Accident Hospital Care**

- Hospital Admission\*......\$1,500 per accident
- \* We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.
- Hospital Confinement ......
   \$275 per day up to 365 days per accident
- Hospital ICU Confinement ......
  \$550 per day up to 15 days per accident

#### **Accident Follow-Up Care**

| • | Accident Follow-Up Doctor Visit    | \$50 (up to 4 visits per accident)  |
|---|------------------------------------|---|
| • | Medical Imaging Study              | \$200 per accident  |
|   |                                    | (limit 1 per covered accident and 1 per calendar year)                              |
| • | Occupational or Physical Therapy   | \$35 per treatment up to 10 days  |
| • | Appliances                         | \$100 (such as wheelchair, crutches)  |
| • | Prosthetic Devices/Artificial Limb | \$750 - one, \$1,500 - more than 1  |
| • | Rehabilitation Unit                | \$150 per day up to 15 days per covered accident,<br>and 30 days per calendar year. |
|   |                                    | Maximum of 30 days per calendar year  |

#### **Accidental Dismemberment**

| • | Loss of One Finger/Toe | \$2,500 - one, \$5,000 - two or more |
|---|------------------------|--------------------------------------|
|   |                        |                                      |

#### **Catastrophic Accident**

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot
- Loss of both hands or both feet
- Loss or loss of use of one arm and one leg or
- Loss or loss of use of both arms or both legs
- Loss of the sight of both eyes
- Loss of the hearing of both ears
- Loss of the ability to speak
- Named Insured ...... \$25,000 Spouse.....\$25,000 Child(ren)......\$12,500

365-day elimination period. Amounts reduced for covered persons age 65 and over. Payable once per lifetime for each covered person.

#### **Accidental Death**

|               | Accidental Death | Common Carrier |
|---------------|------------------|----------------|
| Named Insured | \$75,000         | \$200,000      |
| • Spouse      | \$75,000         | \$200,000      |
| • Child(ren)  | \$15,000         | \$40,000       |

### My Coverage Worksheet (For use with your Colonial Life benefits counselor)

| Who will be c      | Who will be covered? (check one)                          |                            |                          |  |
|--------------------|---|----------------------------|--------------------------|--|
| ○ Employee Only    | ○ Spouse Only   | ○ One Child Only           | ○ Employee & Spouse      |  |
| ○ One-Parent Fan   | nily, with Employee O Or                                  | ne-Parent Family, with Spc | ouse O Two-Parent Family |  |
| When are cov       | When are covered accident benefits available? (check one) |                            |                          |  |
| ○ On and Off - Job | Benefits Off -Job Or                                      | nly Benefits               |                          |  |

#### **EXCLUSIONS**

We will not pay benefits for losses that are caused by or are the result of: felonies or illegal occupations; sickness; suicide or self-inflicted injuries; war or armed conflict.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form Accident 1.0-NS-VT. This is not an insurance contract and only the actual policy provisions will control.

Accident 1.0-Premier - VT

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