# **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
- X-ray Benefit ......\$30

# • Ambulance ...... Amount charged by the ambulance company up to the rate established by The Connecticut Department of Public Health in accordance with Section 19-177 of the Connecticut General Statutes.

## Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Нір	\$2,200	\$4,400
Knee (except patella)	\$1,100	\$2,200
Ankle – Bone or Bones of the Foot (other than Toes)	\$880	\$1,760
Collarbone (Sternoclavicular)	\$550	\$1,100
Lower Jaw, Shoulder, Elbow, Wrist	\$330	\$660
Bone or Bones of the Hand	\$330	\$660
Collarbone (Acromioclavicular and Separation)	\$110	\$220
One Toe or Finger	\$110	\$220

Fractures	Non-Surgical	Surgical
Depressed Skull	\$2,750	\$5,500
Non-Depressed Skull	\$1,100	\$2,200
Hip, Thigh	\$1,650	\$3,300
Body of Vertebrae, Pelvis, Leg	\$825	\$1,650
Bones of Face or Nose (except mandible or maxilla)	\$385	\$770
Upper Jaw, Maxilla	\$385	\$770
Upper Arm between Elbow and Shoulder	\$385	\$770
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$330	\$660
Shoulder Blade, Collarbone, Vertebral Process	\$330	\$660
Forearm, Wrist, Hand	\$330	\$660
Rib	\$275	\$550
Соссух	\$220	\$440
Finger, Toe	\$110	\$220

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	\$10,000
•	Concussion	\$60
•	Emergency Dental Work	\$75 Extraction, \$300 Crown, Implant, or Denture
•	Lacerations (based on size)	\$30 to \$500

#### **Requires Surgery**

• Eye Injury	\$300
Tendon/Ligament/Rotator Cuff	
Ruptured Disc	\$500
Torn Knee Cartilage	\$500

#### **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.

	Transportation	\$500 per round trip up to 3 round trips
•	Lodging (family member or companion)	\$125 per night up to 30 days for
		a hotel/motel lodging costs

#### **Accident Hospital Care**

•	Hospital Admission*	\$1,000 per accident
•	Hospital ICU Admission*	\$2,000 per accident
*1	Ne will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU,	) Admission, but not both.

- Hospital Confinement ......
   \$225 per day up to 365 days per accident
- Hospital ICU Confinement ......\$450 per day up to 15 days per accident

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

• A	Accident Follow-Up Doctor Visit	\$50 (up to 3 visits per accident)
• N	Medical Imaging Study	\$150 per accident
	(	limit 1 per covered accident and 1 per calendar year)
• C	Occupational or Physical Therapy	\$25 per treatment up to 10 days
• A	Appliances	\$100 (such as wheelchair, crutches)
• P	Prosthetic Devices/Artificial Limb	\$500 - one, \$1,000 - more than 1
• R	Rehabilitation Unit	\$100 per day up to 15 days per covered accident, and 30 days per calendar year. Maximum of 30 days per calendar year
• 0	Outpatient Emergency Medical Care for	Accidental Ingestion
0	of a Controlled Substance\$50	0 payable once per calendar year per covered person

#### **Accidental Dismemberment**

- Loss of Finger/Toe ......\$600 one, \$1,200 two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye ......\$6,000 one, \$12,000 two or more

#### **Catastrophic Accident**

For severe injuries that result in the total and irrecoverable:

•	Loss of one hand and one foot	• Loss of the sight of both eyes
•	Loss of both hands or both feet	<ul> <li>Loss of the hearing of both ears</li> </ul>
•	Loss or loss of use of one arm and one le	eg or • Loss of the ability to speak
•	Loss or loss of use of both arms or both	legs
	Named Insured \$20,000 Spo	ouse\$20,000 Child(ren)\$10,000

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	\$25,000	\$100,000
• Spouse	\$25,000	\$100,000
• Child(ren)	\$5,000	\$20,000

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

	Who will be covered? (check one)				
	○ Employee Only	○ Spouse Only	○ One Child Only	○ Employee & Spouse	
	○ One-Parent Family, with E	mployee O One-F	Parent Family, with Spot	use O Two-Parent Family	
When are covered accident benefits available? (check one)			one)		
	$\bigcirc$ On and Off -Job Benefits	⊖ Off -Job Only I	Benefits		

We will not pay benefits for losses that are caused by or are the result of: hazardous avocations; felonies; racing; semi-professional or professional sports; sickness; suicide or self-inflicted injuries; war or armed conflict; in addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of: birth; intoxication.

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

**Colonial Life** 1200 Colonial Life Boulevard Columbia, South Carolina 29210 coloniallife.com

©2011 Colonial Life & Accident Insurance Company. Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand. Colonial Life and *Making benefits count* are registered service marks

Colonial Life and *Making benefits count* are registered service marks of Colonial Life & Accident Insurance Company.