## Colonia Voluntary Benefits



#### **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**

Premier 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. Our 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,

**DOCTOR'S OFFICE VISIT** 

he had three follow-up appointments with his doctor.

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

With accident benefits, Milo's parents were able to pay the annual deductible and co-payments.

Accident emergency treatment	\$150
X-ray	\$50
Laceration (no stitches)	\$30
Fracture (hand)	\$1,100
Medical equipment (splint)	\$40
Accident follow-up treatment (3 visits)	\$195

Total: \$1,565

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.		
Ambulance	\$350	
Accident emergency treatment	\$150	
X-ray	\$50	
Medical imaging study (CT)	\$300	
Hospital admission	\$1,750	
Hospital confinement (3 days)	\$1,050	
Thigh fracture – (major - surgical)	\$2,200	
Surgery (minor)	\$350	
Medical equipment (crutches)	\$175	
Accident follow-up treatment (6 visits)	\$390	
Physical therapy (8 days)	\$400	

Total: \$7,165

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	
Air ambulance	\$2,400
Ambulance – ground or water	\$350
Observation room (up to two days per calendar y	year)
X-ray	\$50
COMMON ACCIDENTAL INJURIES	
Burn (based on size and degree)	\$2,500 – \$21,000
Burn – skin graft	50% of applicable burn benefit
Concussion.	\$250
Dislocation (separated joint)	Non-surgical Surgical
Major dislocation (all dislocations except finge	ers or toes)
■ Minor dislocation (fingers or toes)	\$150 \$300
■ Incomplete dislocation	25% of the major or minor dislocation
	benefit for the applicable non-surgical amount
Emergency dental work	
Eye injury – with surgical repair or removal of a fo	reign object\$500
Fracture (broken bone)	Non-surgical Surgical
Major fracture (all fractures except fingers or to	pes)\$1,100 \$2,200
■ Minor fracture (fingers or toes)	\$150 \$300
■ Chip fracture	25% of the major or minor fracture benefit for the applicable non-surgical amount
Hearing-loss injuries <sup>1</sup>	\$140
Knee cartilage – torn (with surgical repair)	\$950
Laceration (based on repair and length)	\$30 – \$750
Ruptured disc (with surgical repair)	\$1,550
Tendon/ligament/rotator cuff (with surgical repa	ir)
■ One\$950	■ Two or more
HOSPITAL CARE	
Hospital admission	\$1,750
Hospital confinement (up to 365 days)	\$350 per day
Hospital sub-acute intensive care unit confineme	<b>ent</b> (up to 30 days) <b>\$500 per day</b>
Intensive care unit admission	\$3,000
Intensive care unit confinement (up to 15 days)	\$600 per day
SURGICAL CARE	
Blood/plasma/platelets – transfusion	\$600
Surgery	
	oracic excluding hernia repair)
	ept cranial, open abdominal or thoracic) \$350

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Transportation for hospital confinement (up to three round trips, 50+ miles from home)	\$900 per round trip
Lodging – companion (up to 30 days)	\$175 per day
FOLLOW-UP CARE	
Accident follow-up treatment – telemedicine	\$65
Medical equipment	
■ Tier 1	\$40
Arm sling, cane, medical ring cushion, neck brace or wrist/ankle splint	<b>.</b>
■ Tier 2  Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, sho walker or walking boot	
■ Tier 3	\$350
Back brace, body jacket, continuous passive movement (CPM), halo, electric son hospital bed (including rental), knee scooter, stair lift chair, wheelchair	
Medical imaging study – CT, CAT scan, EEG, EMG, MR or MRI	\$300
Pain management for epidural anesthesia – non-surgical	\$175
Prosthetic device/artificial limb	
■ One\$1,250 ■ More than one	\$2,500
■ Repair/replacement <sup>2</sup>	\$625/\$1,250
Rehabilitation unit confinement	\$250 per day
Therapy – occupational, physical or speech (up to 10 days)	\$50 per day
ACCIDENTAL DISMEMBERMENT	
Accidental dismemberment	\$750 - \$35,000
<ul> <li>Loss, loss of use or paralysis – hand, arm, foot, leg, sight of eye</li> <li>Loss, loss of use – finger, toe, partial dismemberment of finger or toe</li> </ul>	
Loss of consciousness due to coma	¢17 E00
Lasting for seven or more consecutive days	\$17,500
Accidental dismemberment due to a catastrophic accident	<b>†</b> 00.0003
Named insured, spouse or child  ■ Total and irrecoverable loss, loss of use or paralysis – 180-day elimination perio  ■ Both hands, arms, feet, legs or the sight of both eyes; or any combination; or  ■ Loss of hearing in both ears, or loss of ability to speak	
ACCIDENTAL DEATH	
Accidental death	
■ Named insured, spouse	•
■ Child	\$15,000
Accidental death common carrier	
Examples of common carriers are mass transit trains, buses and planes  Named insured, spouse	\$200,000
Child	
	\$ .0,000



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.

#### 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 accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The expected benefit ratio for this policy exceeds 50%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

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 aviation, felonies, riot or insurrection, suicide or injuries which any covered person intentionally does to himself, war or act of war. In addition, we will not pay Accidental Dismemberment Due to Catastrophic Accident benefits 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. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IAC4000-NY. For cost and complete details of coverage, call or write your benefits counselor or the company.

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