

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

Accident Insurance from The Paul Revere Life Insurance Company 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 for life as long as you pay your premiums when they are due or within the grace period.

## Can my premium change?

Paul Revere can change your premium only if we change it on all policies of this form number in force in the state of New York subject to the prior approval of the Superintendent of Insurance.

#### How do I file a claim?

Visit colonial-paulrevere.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
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• X-ray Benefit ......\$30 • Air Ambulance ......\$2,000

# **Common Accidental Injuries**

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	\$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
Coccyx	\$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	l on size and	degree	)	\$1	,000 to	\$12	,00	0
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- Concussion .......\$60
- Emergency Dental Work .......\$75 Extraction, \$300 Crown, Implant, or Denture

#### **Requires Surgery**

Eye Injury	\$3	U	U	
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- Tendon/Ligament/Rotator Cuff......\$750 one, \$1,500 two or more
- Torn Knee Cartilage ......\$750

#### **Surgical Care**

- Surgery (cranial, open abdominal or thoracic) ......\$1,500
- Surgery (hernia) ......\$150
- Surgery (arthroscopic or exploratory) ......\$200

#### **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\*......\$1,250 per accident
- Hospital ICU Admission\*......\$2,500 per accident
- \* We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.
- Hospital ICU Confinement ......\$385 per day up to 15 days per accident

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

- Accident Follow-Up Doctor Visit .......\$50 (up to 3 visits per accident)
- Medical Imaging Study ......\$150 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 ......\$500 one, \$1,000 more than 1
- 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

#### **Accidental Dismemberment**

- Loss of Finger/Toe ......\$750 one, \$1,500 two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye ......\$7,500 one, \$15,000 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 ...... \$50,000 Spouse......\$50,000 Child(ren).......\$25,000

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	\$40,000	\$100,000
<ul><li>Spouse</li></ul>	\$40,000	\$100,000
Child(ren)	\$8,000	\$20,000

## **Health Screening Benefit**

• \$50 per covered person per calendar year

Provides a benefit if the covered person has one of the health screening tests performed. This benefit is payable once per calendar year per person and is subject to a 30-day waiting period.

#### **Tests include:**

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (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 to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Skin cancer biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

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

Who will be covered? (check one)				
○ Employee Only	○ Spouse Only	One Child Only	○ Employee & Spouse	
One-Parent Family, with E	mployee One-P	arent Family, with Spouse	○ Two-Parent Family	
When are covered ac	cident benefits	available? (check on	e)	
On and Off -Job Benefits	Off -Job Only E	Benefits		)

#### **EXCLUSIONS**

We will not pay benefits for losses that are caused by or are the result of: hazardous avocations; illegal occupations; professional sports; sickness; suicide or self-inflicted injuries; war or act of war; 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: intoxication.

For cost and complete details, see your Paul Revere benefits counselor. Applicable to policy form Accident 1.0-HS-NY. This is not an insurance contract and only the actual policy provisions will control.

Colonial Voluntary Benefits products are underwritten by: