



Accident Insurance Preferred Plan

You never expect an accident to happen. But if it does, your focus should be on recovery — not medical bills. Colonial Life accident insurance can help cover medical costs. Whether the accident is as simple as a cut hand from a fall or as complex as a car accident, you can count on us to support you.

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.



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.



DOCTOR'S OFFICE VISIT

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

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.	
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

Accident emergency treatment	\$125
Hospital emergency room, urgent care facility or physician's office	
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	50% of applicable burn benefit
Coma (lasting for seven or more consecutive days)	\$15,000
Concussion	\$200
Dislocation – separated joint	
■ Non-surgical – repair	\$125 – \$2,750
Incomplete dislocation – or dislocation without anesthesia	25% of benefit
Examples: elbow: \$600 ankle: \$1,250 knee: \$1,375 hip: \$2,750	
■ Surgical – repair	\$250 – \$5,500
Examples: elbow: \$1,200 ankle: \$2,500 knee: \$2,750 hip: \$5,500	
Emergency dental work	\$125 – \$350
Dental extraction or dental crown, denture or implant	
Eye injury – with surgical repair or removal of a foreign object	\$350
Fracture – complete	
■ Non-surgical – repair	\$300 – \$3,750
Chip fracture	25% of benefit
Examples: hand: \$475 foot: \$475 collarbone: \$775 leg: \$1,250	
■ Surgical – repair	\$600 – \$7,500
Examples: hand: \$950 foot: \$950 collarbone: \$1,550 leg: \$2,500	
Hearing-loss injuries ¹	\$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

TRANSPORTATION & LODGING

Transportation for hospital confinement \$700 per round trip
(up to three round trips, 50+ miles from home)

Lodging – companion (up to 30 days) \$150 per day

FOLLOW-UP CARE

Accident follow-up treatment – including transportation/telemedicine \$55
(up to six benefits per covered person per covered accident and
up to 12 benefits per covered person per calendar year)

Medical equipment

- **Tier 1** \$40
Arm sling, cane, medical ring cushion, neck brace or wrist/ankle splint
- **Tier 2** \$125
Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, shower chair,
walker or walking boot
- **Tier 3** \$250
Back brace, body jacket, continuous passive movement (CPM), halo, electric scooter,
hospital bed (including rental), knee scooter, stair lift chair, wheelchair

Medical imaging study – CT, CAT scan, EEG, EMG, MR or MRI \$250
(one per calendar year)

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 ten 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** \$30,000³
 - Total and irrecoverable loss, loss of use or paralysis – 180-day elimination period
 - 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** \$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, or"

MI: Not applicable to "suicide or injuries which any covered person intentionally does to himself," nor "or for injuries that are the result of intoxication or use of narcotics."

OR: Not applicable to "hazardous avocations, racing, semi-professional or professional sports." Not applicable to "for injuries a child sustains during birth, or for injuries that are the result of intoxication or use of narcotics" and add "for injuries that are the result of alcoholism, drug addiction or narcotics."

SC: Not applicable to "hazardous avocations, racing, semi-professional or professional sports."

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

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.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC

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Deductions per year: 12

These rates were prepared on 8/27/2025 and are valid for 90 days.

Individual Accident (IAC4000) for MI

Applicable to Policy Forms IAC4000

● On/Off-Job Accident Coverage

BENEFIT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Preferred	0-80	\$18.95	\$27.95	\$34.20	\$42.75

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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