

Accident Insurance

Premier Plan



Accident insurance can help with medical or other costs associated with a covered accident or injury that your health insurance may not cover. Coverage options are available for you, your spouse and eligible dependent children.

Benefits are per covered person per covered accident unless stated otherwise

Accident emergency treatment \$150
One visit per covered person per covered accident

Accident follow-up treatment (including telemedicine) \$65
Up to six benefits per covered person per covered accident and
up to 12 benefits per covered person per calendar year

| Accidental death | Accidental death | Accidental death common carrier |
|------------------------------|------------------|------------------------------------|
| Per covered person | | |
| ■ Named insured | \$50,000 | \$200,000 |
| ■ Spouse | \$50,000 | \$200,000 |
| ■ Dependent child(ren) | \$15,000 | \$45,000 |

Examples of common carriers are mass transit trains, buses and planes

Accidental dismemberment

- Loss, loss of use or paralysis**
- One hand, arm, foot, leg or sight of an eye \$17,500
 - Both hands, arms, feet, legs or the sight of both eyes; or any combination \$35,000

- Loss or loss of use**
- One finger or one toe \$1,500
 - Two or more fingers; two or more toes; or any combination \$3,000
 - Partial dismemberment of one finger or toe \$750
 - Partial dismemberment of two or more fingers or toes; or any combination \$1,500

Loss of consciousness due to coma \$17,500
Lasting for seven or more consecutive days

Accidental dismemberment due to a catastrophic accident

- Total and irrecoverable loss, loss of use or paralysis**
- Both hands, arms, feet, legs or the sight of both eyes; or any combination; or
 - Loss of hearing of both ears, or loss of ability to speak

Subject to a 180-day elimination period; payable once per lifetime per covered person

- Named insured \$30,000
- Spouse \$30,000
- Dependent child(ren) \$30,000

Accidental injury due to an automobile accident \$250

Requires transportation to a hospital or medical facility by ambulance
Payable once per calendar year for all covered persons combined

For more information,
talk with your
benefits counselor.

Luke was cleaning out the gutters when he fell.



EMERGENCY ROOM VISIT

Luke was taken by ambulance to the nearest emergency room and received immediate care.



DIAGNOSTIC PROCEDURE

The doctor ordered an X-ray and discovered Luke had fractured his leg.



HOSPITAL CONFINEMENT

Luke was admitted to the hospital for surgery on his leg. He was confined for three days.



PHYSICAL THERAPY

Luke had eight sessions of PT to help him regain the strength in his leg.



DOCTOR'S OFFICE VISIT

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

LUKE'S OUT-OF-POCKET EXPENSES

When Luke totaled up the bills, he had to pay his annual deductible, as well as co-payments for the ambulance, emergency room, hospital, surgery, physical therapy and follow-up visits. Luckily, Luke had accident coverage to help with these expenses.

| LUKE'S BENEFITS | |
|------------------------------|----------------|
| Ambulance | \$350 |
| Emergency room visit | \$150 |
| X-ray | \$50 |
| Hospital admission | \$1,750 |
| Hospital confinement | \$1,050 |
| Leg fracture (surgical) | \$2,200 |
| Physical therapy | \$400 |
| Medical equipment (crutches) | \$175 |
| Doctor's office visit | \$195 |
| | \$6,320 |

For illustrative purposes only.

Benefit amounts may vary and may not cover all expenses. The policy has exclusions and limitations.

| | | |
|--|--|-----------------|
| Air ambulance | \$2,400 | |
| Transportation to or from a hospital or medical facility | | |
| Ambulance (ground or water) | \$350 | |
| Transportation to or from a hospital or medical facility | | |
| Blood/plasma/platelets (transfusion) | \$600 | |
| A transfusion required during treatment of a covered accident | | |
| Burn | | |
| ■ 2nd-degree burns (covering at least 36% of the body's surface) | \$2,500 | |
| ■ 3rd-degree burns (based on size) | \$3,500 – \$21,000 | |
| Burn – skin graft | 50% of applicable burn benefit | |
| As a result of 2nd-degree or 3rd-degree burns | | |
| Concussion | \$250 | |
| Dislocation (separated joint) | | |
| | Non-surgical | Surgical |
| ■ Major dislocation (all dislocations except fingers or toes) | \$1,100 | \$2,200 |
| ■ 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 | | |
| ■ Dental crown, denture or implant | \$750 | |
| ■ Dental extraction | \$250 | |
| Eye injury | \$500 | |
| With surgical repair or removal of a foreign object | | |
| Fracture (broken bone) | | |
| | Non-surgical | Surgical |
| ■ Major fracture (all fractures except fingers or toes) | \$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 | \$140 | |
| Maximum of one benefit for each injured ear per covered person per lifetime | | |
| Hospital admission | \$1,750 | |
| Per covered person per covered accident | | |
| Hospital confinement | \$350 per day | |
| Up to 365 days per covered person per covered accident | | |
| Hospital sub-acute intensive care unit confinement | \$500 per day | |
| Up to 30 days per covered person per covered accident | | |
| Intensive care unit admission | \$3,000 | |
| Per covered person per covered accident | | |
| Intensive care unit confinement | \$600 per day | |
| Up to 15 days per covered person per covered accident | | |
| Knee cartilage (torn) | \$950 | |
| Laceration (no repair, without stitches) | \$30 | |
| Laceration (repaired by stitches) | | |
| ■ Total of all lacerations is less than two inches long | \$125 | |
| ■ Total of all lacerations is at least two but less than six inches long | \$375 | |
| ■ Total of all lacerations is six inches or longer | \$750 | |

| | |
|---|-----------------------------|
| Lodging (companion) | \$175 per day |
| Up to 30 days per covered person per covered accident | |
| Medical equipment | |
| <ul style="list-style-type: none"> ■ Tier 1 | \$40 |
| Arm sling, cane, medical ring cushion, neck brace or wrist/ankle splint | |
| <ul style="list-style-type: none"> ■ Tier 2 | \$175 |
| Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, shower chair, walker or walking boot | |
| <ul style="list-style-type: none"> ■ Tier 3 | \$350 |
| 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) | \$300 |
| One benefit per covered person per covered accident per calendar year | |
| Observation room | \$175 per day |
| Up to two days per covered person per calendar year | |
| Pain management for epidural anesthesia (non-surgical) | \$175 |
| Prosthetic device/artificial limb | |
| <ul style="list-style-type: none"> ■ One | \$1,250 |
| <ul style="list-style-type: none"> ■ More than one | \$2,500 |
| Repair or replacement | |
| <ul style="list-style-type: none"> ■ Repair | \$625 |
| <ul style="list-style-type: none"> ■ Replacement | \$1,250 |
| One repair or replacement per prosthetic device/artificial limb per covered person per lifetime | |
| Rehabilitation unit confinement | \$250 per day |
| Immediately after a period of hospital confinement due to a covered accident; up to 15 days per covered person per covered accident, not to exceed 30 days per covered person per calendar year | |
| Ruptured disc with surgical repair | \$1,550 |
| Surgery | |
| <ul style="list-style-type: none"> ■ Major surgery (cranial, open abdominal and thoracic excluding hernia repair) | \$1,900 |
| <ul style="list-style-type: none"> ■ Minor surgery (hernia or any other surgery except cranial, open abdominal or thoracic) | \$300 |
| Tendon/ligament/rotator cuff | |
| <ul style="list-style-type: none"> ■ One with surgical repair | \$950 |
| <ul style="list-style-type: none"> ■ Two or more with surgical repair | \$1,900 |
| Therapy (occupational, physical or speech) | \$50 per day |
| Up to 10 days per covered person per covered accident | |
| Transportation for hospital confinement | \$900 per round trip |
| Up to three round trips for more than 50 miles from home per covered person per covered accident | |
| X-ray | \$50 |



For more information,
talk with your
benefits counselor.



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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. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your benefits counselor. This brochure is applicable to policy form IAC4000-NY. Premium at the effective date will vary according to the family coverage type.