



Accident Insurance Preferred Plan

You never expect an accident to happen. But if it does, your focus should be on recovery — not medical bills. Accident insurance from The Paul Revere Life Insurance Company 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 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)	\$900
Medical equipment (splint)	\$40
Accident follow-up treatment (3 visits)	\$165

Total: \$1,300

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
Accident emergency treatment	\$125
X-ray	\$40
Medical imaging study (CT)	\$250
Hospital admission	\$1,250
Hospital confinement (3 days)	\$900
Thigh fracture – (major - surgical)	\$1,800
Surgery (minor)	\$350
Medical equipment (crutches)	\$125
Accident follow-up treatment (6 visits)	\$330
Physical therapy (8 days)	\$360
Total: \$5,780	

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	
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
Concussion	\$200
Dislocation (separated joint)	Non-surgical Surgical
■ Major dislocation (all dislocations except fingers or toes)	\$900 \$1,800
■ Minor dislocation (fingers or toes)	\$125 \$250
■ Incomplete dislocation	25% of the major or minor dislocation benefit for non-surgical of joint involved
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 (broken bone)	Non-surgical Surgical
■ Major fracture (all fractures except fingers or toes)	\$900 \$1,800
■ Minor fracture (fingers or toes)	\$125 \$250
■ Chip fracture	25% of the major or minor fracture benefit for non-surgical of bone involved

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 Two or more
■ 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	
■ Major surgery (cranial, open abdominal and thoracic excluding hernia repair)	\$1,900
■ Minor surgery (hernia or any other surgery except cranial, open abdominal or thoracic)	\$350

For illustrative purposes only.

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

TRANSPORTATION & LODGING

Transportation for hospital confinement (up to three round trips, 50+ miles from home)	\$700 per round trip
Lodging – companion (up to 30 days)	\$150 per day

FOLLOW-UP CARE

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

■ Tier 1 (Arm sling, cane, medical ring cushion, neck brace or wrist/ankle splint)	\$40
■ Tier 2 (Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, shower chair, walker or walking boot)	\$125
■ Tier 3 (Back brace, body jacket, continuous passive movement (CPM), halo, electric scooter, hospital bed (including rental), knee scooter, stair lift chair, wheelchair)	\$250
Medical imaging study – CT, CAT scan, EEG, EMG, MR or MRI (one per calendar year)	\$250

Pain management for epidural anesthesia – non-surgical	\$125
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Prosthetic device/artificial limb

■ One	\$950	■ More than one	\$1,900
■ Repair/replacement ²			\$475/\$950

Rehabilitation unit confinement (up to 15 days, not to exceed 30 days per calendar year)	\$175 per day
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Therapy – occupational, physical or speech (up to 10 days)	\$45 per day
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ACCIDENTAL DISMEMBERMENT

Accidental dismemberment (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)	\$600 – \$25,000
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Loss of consciousness due to coma (Lasting for seven or more consecutive days)	\$15,000
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Accidental dismemberment due to a catastrophic accident

Named insured, spouse or child (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)	\$30,000 ³
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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.

- 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. 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 forms IAC4000-NY. Premium will vary according to the family coverage type.

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