

Voluntary Benefits 101

Colonial Life
The benefits of good hard work.

What are voluntary benefits?

Sometimes called “supplemental insurance,” voluntary benefits are policies you buy to add to the health and life insurance your employer may already provide. These benefits can help you pay for things your other insurance won’t, such as lost wages, out-of-pocket expenses and household bills.



Advantages*

Flexibility

Use claim payments however you like – pay deductibles, co-payments and other expenses not covered by your health or life insurance.

Portability

Take coverage with you if you leave your job or retire.

Stability

Maintain coverage whether or not you’re employed.

Convenience

Pay premiums using your choice of payroll deduction, bank draft or direct billing.

*Advantages may not apply to all products. See your Colonial Life benefits counselor for complete details.

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

Accident insurance

Helps cover out-of-pocket expenses in the event of a covered accident

Cancer and critical illness insurance

Helps with the high cost of cancer or critical illness diagnosis and treatment

Dental insurance

Helps pay for dental procedures, like routine cleanings, crowns and root canals

Disability insurance

Replaces part of your regular income if you are unable to work because of a covered injury or illness

Hospital confinement indemnity insurance

Helps pay for covered hospital-related expenses, such as outpatient surgery and diagnostic procedures

Life insurance

Protects the people who depend on you by helping cover final expenses and loss of income

To learn more about voluntary benefits,
contact your Colonial Life benefits
counselor or visit ColonialLife.com.

ColonialLife.com

ACCIDENT, CANCER, CRITICAL ILLNESS AND HOSPITAL CONFINEMENT
INDEMNITY INSURANCE ARE LIMITED POLICIES.

Products have exclusions and limitations that may affect benefits
payable. Products vary by state and may not be available in all states.

Accident Insurance

Preferred 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 only emergency care \$125
One visit per covered person per covered accident

Accident only follow-up care (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

Accident only death Per covered person	Accident only death	Accident only death common carrier
■ Named insured	\$40,000	\$160,000
■ Spouse	\$40,000	\$160,000
■ Dependent child(ren)	\$10,000	\$30,000

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

Accident only dismemberment

Loss, loss of use or paralysis

- One hand, arm, foot, leg or sight of an eye \$12,500
- Both hands, arms, feet, legs or the sight of both eyes; or any combination \$25,000

Loss or loss of use

- One finger or one toe \$1,050
- Two or more fingers; two or more toes; or any combination \$2,100
- Partial dismemberment of one finger or toe \$600
- Partial dismemberment of two or more fingers or toes; or any combination \$1,200

Accident only dismemberment - extended

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 in 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

Accident only 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

Accident only air ambulance \$2,400

Transportation to or from a hospital or medical facility

Accident only ambulance (ground or water) \$250

Transportation to or from a hospital or medical facility

Accident only blood/plasma/platelets/IV solutions \$400

A transfusion required during treatment of a covered accident

For more information,
talk with your
benefits counselor.

ColonialLife.com

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	\$250
Emergency room visit	\$125
X-ray	\$40
Hospital admission	\$1,250
Hospital confinement	\$900
Leg fracture (surgical)	\$1,800
Physical therapy	\$360
Medical equipment (crutches)	\$125
Doctor's office visit	\$165

\$5,015

Accident only coma		\$15,000
Lasting for seven or more consecutive days		
Accident only concussion		\$200
Accident only dislocation	Non-surgical	Surgical
■ Major (all dislocations except fingers and toes)	\$900	\$1,800
■ Minor (fingers and toes)	\$125	\$250
Accident only emergency dental loss		\$300
Accident only eye injury		\$350
With surgical repair or removal of a foreign object		
Accident only fractures	Non-surgical	Surgical
■ Major (all fractures except fingers or toes)	\$900	\$1,800
■ Minor (fingers or toes)	\$400	\$800
Accident only hearing-loss injury		\$140
Maximum of one benefit for each injured ear per covered person per lifetime		
Accident only hospital admission		\$1,250
Per covered person per covered accident		
Accident only hospital confinement		\$300 per day
Up to 365 days per covered person per covered accident		
Accident only hospital sub-acute intensive care unit confinement		\$400 per day
Up to 30 days per covered person per covered accident		
Accident only intensive care unit admission		\$2,500
Per covered person per covered accident		
Accident only intensive care unit confinement		\$550 per day
Up to 15 days per covered person per covered accident		
Accident only laceration (no repair, without stitches)		\$30
Accident only laceration (repaired by stitches)		
■ Total of all lacerations is less than two inches long		\$100
■ Total of all lacerations is at least two but less than six inches long		\$350
■ Total of all lacerations is six inches or longer		\$750
Accident only lodging (companion)		\$150 per day
Up to 30 days per covered person per covered accident		

For illustrative purposes only.

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

Accident only 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	

Accident only medical imaging study (CT, CAT scan, EEG, EMG, MR or MRI)..... \$250

One benefit per covered person per covered accident per calendar year

Accident only observation room..... \$175 per day

Up to two days per covered person per calendar year

Accident only pain management for epidural anesthesia (non-surgical)..... \$125

Accident only Post-Traumatic Stress Disorder (PTSD)..... \$250

Diagnosed from a covered accident with one benefit per covered person per calendar year

Accident only prosthetic device/artificial limb

■ One	\$950
■ More than one	\$1,900

Repair or replacement

■ Repair	\$475
■ Replacement.....	\$950

One repair or replacement per prosthetic device/artificial limb per covered person per lifetime

Accident only rehabilitation unit confinement..... \$175 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

Accident only surgery

■ Accident only major surgery (cranial, open abdominal and thoracic; excluding hernia).....	\$1,900
■ Accident only minor surgery (hernia with surgical repair)	\$500

Accident only therapy (occupational, physical or speech)..... \$45 per day

Up to 10 days per covered person per covered accident

Accident only transportation for hospital confinement..... \$700 per round trip

Up to 3 round trips for more than 50 miles from home per covered person per covered accident

Accident only X-ray..... \$40



For more information,
talk with your
benefits counselor.