Making benefits count.

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 Emergen	cy Treatment	\$125	Ambulan
---	------------------	--------------	-------	---------------------------

•	Ambulance	 \$2	0	0

Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	\$2,600	\$5,200
Knee (except patella)	\$1,300	\$2,600
Ankle – Bone or Bones of the Foot (other than Toes)	\$1,040	\$2,080
Collarbone (Sternoclavicular)	\$650	\$1,300
Lower Jaw, Shoulder, Elbow, Wrist	\$390	\$780
Bone or Bones of the Hand	\$390	\$780
Collarbone (Acromioclavicular and Separation)	\$130	\$260
One Toe or Finger	\$130	\$260

Fractures	Non-Surgical	Surgical
Depressed Skull	\$3,250	\$6,500
Non-Depressed Skull	\$1,300	\$2,600
Hip, Thigh	\$1,950	\$3,900
Body of Vertebrae, Pelvis, Leg	\$975	\$1,950
Bones of Face or Nose (except mandible or maxilla)	\$455	\$910
Upper Jaw, Maxilla	\$455	\$910
Upper Arm between Elbow and Shoulder	\$455	\$910
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$390	\$780
Shoulder Blade, Collarbone, Vertebral Process	\$390	\$780
Forearm, Wrist, Hand	\$390	\$780
Rib	\$325	\$650
Соссух	\$260	\$520
Finger, Toe	\$130	\$260

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 S),12 د	000

• Emergency Dental Work\$100 Extraction, \$400 Crown, Implant, or Denture

Lacerations (based on size) \$30 to \$500

Requires Surgery

Eye Injury	\$3	U	U	
------------	-----	---	---	--

Tendon/Ligament/Rotator Cuff......\$750 - one, \$1,500 - two or more

Surgical Care

•	Surgery (cranial	open abdominal	or thoracic	\$1,500
_	Jurgery (crumui	open abaomina	or trioracic	/ ····································

• Surgery (hernia)\$150

Surgery (arthroscopic or exploratory)\$200

Blood/Plasma/Platelets.....\$300

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......\$600 per round trip up to 3 round trips
- Lodging (family member or companion).....\$150 per night up to 30 days for a hotel/motel lodging costs

Accident Hospital Care

- * 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 4 visits per accident)
- Medical Imaging Study\$200 per accident
 (limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy\$45 per treatment up to 10 days
- Appliances\$100 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb\$750 one, \$1,500 more than 1
- Rehabilitation Unit......\$150 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 or Loss of Use of Hand/Foot/Sight of Eye\$12,000 one, \$24,000 two or more

Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot
 - t
- Loss of the sight of both eyes
- Loss of both hands or both feet
- Loss of the hearing of both ears
- Loss or loss of use of one arm and one leg or
- Loss of the ability to speak
- Loss or loss of use of both arms or both legs

Named Insured \$75,000

Spouse.....\$75,000

Child(ren)......\$37,500

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 	\$70,000	\$200,000
Spouse	\$70,000	\$200,000
• Child(ren)	\$14,000	\$40,000

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?						
○ Employee Only	○ Spouse Only	One Child Only	○ Employee & Spouse			
One-Parent Family, with En	nployee One-Pa	arent Family, with Spouse	e O Two-Parent Family			
When are covered accident benefits available? (check one)						
On and Off -Job Benefits	○ Off -Job Only B	enefits)		

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: