

Accident Protector Benefits Visual

Determining the Right Solutions for You and Your Family

	INSURED CHOICE PLAN (PLAN II)	SPOUSE/CHILD CHOICE PLAN (PLAN II)
Accident Hospital Benefits		
Hospital Admission	\$800	\$800
Hospital Confinement	\$200/day	\$200/day
Intensive Care	\$200/day up to 30 days	\$200/day up to 30 days
Ambulance		
Ground Ambulance	\$100	\$100
Air Ambulance	\$500	\$500
Accident Outpatient Benefits		
Appliance(s) (crutches, walkers, etc.)	\$100	\$100
Concussion	\$100	\$100
Emergency Room (within 48 hours of injury)	\$100	\$100/\$50
Emergency Follow-up Treatment (maximum 4 visits per accident)	\$25 per visit	\$25 per visit
Fractures		
Major Fracture	\$1,000	\$1,000/\$500
Minor Fracture	\$250	\$250/\$125
Outpatient Surgery		
Major Surgery	\$1,000	\$1,000/\$500
Minor Surgery	\$250	\$250/\$125
Physical Therapy (maximum 10 sessions per accident)	\$25 per trip	\$25 per trip
Additional Benefits		
Blood and Blood Plasma	\$150	\$150
Family Lodging (lifetime maximum 30 days)	\$100 per day	\$100 per day
Transportation (maximum 3 trips per accident, for travel of 100 miles+ for necessary treatment)	\$300 per trip	\$300 per trip
Home Health Care (maximum 10 days)	\$25 per day	\$25 per day
Accidental Ingestion of Controlled Drug		
Hospital Confinement	\$200/day, up to 30 days	\$200/day, up to 30 days
Outpatient Treatment	\$500	\$500
Accident Recovery Benefit		
Recovery Following Hospital Confinement (for Total Disability - up to the number of days hospitalized)	\$100/day	\$100/day
Accidental Death and Dismemberment		
Accidental Death – Common Carrier	\$100,000	\$100,000/\$50,000
Accidental Death and Dismemberment – Any Accident		
Loss of Life or Multiple Limbs or Sight in Both Eyes	\$25,000	\$10,000/\$5,000
Loss of One Limb or Sight in One Eye	\$10,000	\$5,000/\$2,500

IMPORTANT: This worksheet is for illustration purposes only; it is not part of the policy (Form No. 14034-CT-420). Please see the policy for any information concerning the policy benefits you selected (if any) as well as policy exclusions and limitations.

All benefits shown are “per accident” unless otherwise noted.



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Important Policy Information

Accident Policy Coverage Exclusions

Benefits (including AD&D) will not be payable if a loss is directly caused by or results from any sickness or disease, or a covered person's:

1. Suicide, attempted suicide or intentionally self-inflicted injury;
2. Committing or attempting to commit a felony;
3. Voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by a Physician for the Covered Person;
4. Engaging in hang gliding, parachuting, bungee jumping, parasailing or any similar activities;
5. Participating in any sport or sporting activity for which any type of compensation or remuneration is received, or racing any type of vehicle in any organized event;
6. Being exposed to war or any act of war, declared or undeclared, or serving in any armed forces or units auxiliary thereto; or
7. Travel or flight in any kind of aircraft except as a fare-paying passenger in an aircraft operated on a regular schedule by a Common Carrier for passenger service over an established air route.

Accidental Death/Dismemberment Benefit* (AD&D)

This benefit is payable if a covered person sustains an injury, which within 180 days from the date of the accident that caused the injury, is the sole cause of loss of life, sight or limbs. The "Common Carrier" benefit is only payable if a covered person sustains an injury, which within 180 days from the date of the accident that caused the injury, is the sole cause of death and which occurs while riding as a fare paying passenger on a Common Carrier.

*Only one benefit amount will be paid for multiple losses resulting from the same accident.

Successive Periods of Hospital Confinement

Successive periods of hospital confinement will be treated as one confinement unless they result from entirely unrelated injuries or the confinements are separated by at least 30 days.

This Is Very Important

If a covered individual is a Medicaid recipient, policy benefits may be assigned and payable to your state Medicaid agency. Also, benefit payments you receive may count as income for Medicaid eligibility purposes.

This is an Accident Only policy and does not pay benefits for loss from sickness.

NOTE: This is Accident Only policy Form No. 14034-CT-420.

This worksheet contains a brief description of policy benefits. See the policy for complete details of policy benefits and exclusions/limitations.

This is supplemental insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.

Notice of Claim / Proof of Loss

Written proof of loss must be given to Combined within 90 days after such loss. If it was not reasonably possible to give written proof within 90 days, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

Very Important: This is a supplement to health insurance and is not a substitute for Major Medical or other minimum essential coverage. You are not required to purchase this coverage in order to purchase Major Medical coverage.