



Accident Protector

Combined Insurance's Accident Protector — a Good Decision

This accident coverage provides cash benefits to help you and your loved ones when needed most.

Protection That Works for You

The Accident Protector covers you on or off the job, 24 hours a day, every day of the year. You are the owner of this policy - even if you change employers you can keep your coverage without interruption. Claims are payable to you and are paid in addition to any other insurance you might have.

Every 10 minutes, 1180 people in the United States will suffer an injury severe enough to require doctor or medical professional attention.⁴



Specified Indemnity Benefits Payable for a Covered Accident

	CHOICE	STANDARD
Hospital Admission	\$800	\$400
Hospital Confinement (overnight as an Inpatient)	\$200 per day	\$100 per day
Intensive Care	\$200 per day	\$100 per day
Ground Ambulance (one trip within 48 hours)	\$100	\$50
Air Ambulance (one trip within 48 hours)	\$500	\$250
Blood and Blood Plasma (For Accident, must be within 90 days of injury)	\$150	\$75
Transportation (maximum of 3 trips)	\$300 per trip	\$150 per trip
Family Lodging (lifetime maximum of 30 days)	\$100 per day	\$50 per day
Recovery Following Hospital Confinement	\$100 per day	\$50 per day
Emergency Room or Urgent Care Visit ¹	\$100	\$50
Emergency Room Follow-up Treatment Accident (up to 4 treatments)	\$25 per treatment	\$12.50 per treatment
Appliances	\$100	\$50
Minor Outpatient Surgery ^{1,2}	\$250	\$125
Major Outpatient Surgery ^{1,2}	\$1,000	\$500
Concussion (within 72 hours of injury)	\$100	\$50
Physical Therapy (maximum 10 sessions; within 90 days of injury)	\$25 per session	\$12.50 per session
Major and Minor Fractures ^{1,3}	Minor \$250, Major \$1,000	Minor \$125, Major \$500
Health Screening Test or Procedure	\$50	\$25
Accidental Loss of Life and Dismemberment - Any Accident		
Loss of One Limb or Sight in One Eye	Insured \$10,000, Spouse \$5,000, Child \$2,500	Insured \$5,000, Spouse \$2,500, Child \$1,250
Loss of Life or Multiple Limbs or Sight in Both Eyes	Insured \$25,000, Spouse \$10,000, Child \$5,000	Insured \$12,500, Spouse \$5,000, Child \$2,500
Accidental Loss of Life - Common Carrier	Insured \$100,000, Spouse \$100,000, Child \$50,000	Insured \$50,000, Spouse \$50,000, Child \$25,000



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Limitations and Exclusions

Accident Policy Coverage Exclusions

Benefits 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 or attempted suicide, or intentionally self-inflicted injury;
2. Committing or attempting to commit a felony;
3. Alcoholism or drug addiction (VA only: being under the influence of a controlled substance or illegal drugs, unless taken on the advice of a physician, or while intoxicated, as defined by the law of the jurisdiction in which the accident occurred);
4. Being exposed to war or any act of war, declared or undeclared, or serving in any armed forces or units auxiliary thereto (In OK: or working in an area of war whether voluntarily or as required by an employer); or
5. 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.

Hospital does not include a nursing home or convalescent care facility, whether such facility is independent or associated with a Hospital.

For use in: OK, VA

¹ Child benefit paid at 50% of amount shown.

² Outpatient surgery is classified as "minor" when performed in a clinic, doctor's office or emergency care facility. Outpatient surgery is classified as "major" when performed in an ambulatory surgical center or a hospital operating room.

³ Minor fracture; breaking of the nose, teeth, fingers, thumbs, or toes. Major fracture; breaking of any other bone of the body.

⁴ National Safety Council, Injury Facts, 2021 Edition.

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.

Important Notice

This is a supplement to health insurance and is not a substitute for Major Medical, or other minimum essential, coverage.

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.

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This document contains a brief description of policy Form No. series 14027/14028, Urgent Care Benefit Rider Form No. series 14100. See the policy for complete details of policy benefits, exclusions and limitations. Products may vary by State and are subject to availability and qualifications.