



# Accident Protector Benefits Visual

Determining the Right Solutions for You and Your Family

	INSURED CHOICE PLAN	SPOUSE/CHILD CHOICE PLAN
<b>Accident Only Hospital Benefits</b>		
Hospital Admission	\$800	\$800
Hospital Confinement	\$200/day	\$200/day
Intensive Care	\$200/day up to 31 days	\$200/day up to 31 days
Ambulance		
Ground Ambulance	\$100	\$100
Air Ambulance	\$500	\$500
<b>Accident Only Outpatient Benefits</b>		
Appliance	\$100	\$100
Concussion	\$100	\$100
Emergency Room	\$100	\$100/\$50
Emergency Follow-up Treatment (maximum 4 treatments per accident)	\$25 per treatment	\$25 per treatment
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 session	\$25 per session
<b>Additional Benefits</b>		
Blood and Blood Plasma or Other Non-Blood Substitute IV Solutions	\$150	\$150
Family Lodging (lifetime maximum 30 days)	\$100/day	\$100/day
Transportation (maximum 3 trips per accident)	\$300 per trip	\$300 per trip
<b>Accident Only Recovery Benefit</b>		
Recovery Following Hospital Confinement (for Total Disability - up to the number of days hospitalized)	\$100/day	\$100/day
<b>Accidental Death and Dismemberment</b>		
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. 14029-NH-1219). 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 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 a felony;
3. Being under the influence of a controlled substance or illegal drugs (unless administered by a physician and taken according to the physician's instructions);
4. 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.
5. Being exposed to war or any act of war, declared or undeclared, or serving in any armed forces or units auxiliary thereto; or
6. Travel or flight in any kind of aircraft, except as a fare-paying passenger;

**Hospital** is an institution in the United States or Canada which meets all of the following requirements:

- (1) operates pursuant to state or provincial law for Hospitals located in the United States or Canada;
- (2) operates primarily for the care and treatment of sick or injured persons as Inpatients;
- (3) provides 24-hour nursing service;
- (4) has facilities available for diagnosis and surgery either on its own premises or in facilities available to the Hospital on a pre-arranged basis; and
- (5) has a staff of at least one licensed Physician available at all times.

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

### 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 a brief description of policy benefits for policy Form No. 14029-NH-1219. See the policy for complete details of policy benefits and exclusions/limitations.

**Very Important: This is a supplement to health insurance and is not a substitute for Major Medical or other minimum essential coverage.**