

# ENJOY 24/7 PROTECTION – ON OR OFF THE JOB.



Accidents can happen anytime, anywhere. Major medical insurance pays many of the doctor and hospital bills – but there are likely to be many other medical and non-medical expenses that you must pay yourself. Even if you have an emergency cash fund, chances are it may not be enough.

## With Accident Insurance from Combined Insurance, you can count on:

- Cash benefits paid directly to you for payable claims (in addition to all other private insurance)
- Immediate coverage no waiting period
- 24/7 coverage on or off the job, 365 days a year
- No reduction in benefits if you file multiple claims
- Protection that you keep even if you change jobs

### Use your cash benefits to help cover all kinds of expenses:

- Deductibles and copayments on your medical insurance
- Other out-of-pocket medical costs
- Monthly expenses such as mortgage or rent, car payments, utility bills and more
- Everyday needs like childcare, home maintenance, groceries and transportation

#### Real-Life Facts

- Over 4 out of 10 people are treated in hospital emergency rooms every year.<sup>1</sup>
- The average hospital stay is 6 days.<sup>2</sup>
- The average hospital stay is over \$10.000.³
- 43% of Americans report having a difficult time covering medical expenses – even with medical insurance.<sup>4</sup>

#### **Exclusions and Limitations**

This is an Accident Only policy. Benefits will not be payable if an injury is directly caused by, or results from, any sickness or infection not as a result of the covered accident, or occurs as a result of a covered person's:

- 1. Being intoxicated or under the influence of alcohol, an illegal substance or other prescription drug<sup>†</sup> (unless taken as prescribed);\*
- 2. Participating in illegal activity or a felony;\*\*
- 3. Committing or attempting to commit suicide<sup>††</sup>, or self-inflicted intentional injuries;
- 4. Having dental treatment, except for treatment due to injury of sound natural teeth;
- 5. War or any act of war, declared or undeclared, or serving in the armed forces or units auxiliary thereto.
- \* Not applicable in OR, NV, VT, MI
- \*\* Not applicable in NJ
- † Prescription drug does not apply in AK, NE
- $^{\dagger\dagger}$  In MO, while sane

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- <sup>1</sup> National Safety Council, Injury Facts, 2016 edition.
- <sup>2</sup> National Center for Health Statistics. Health, United States, 2015.
- <sup>3</sup> Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, 2012.
- <sup>4</sup> The Commonwealth Fund, Tracking Trends in Health Performance, 2014.

This policy is guaranteed renewable for life.

IMPORTANT NOTICE This is a supplement to health insurance and is not a substitute for Major Medical Coverage. Lack of Major Medical Coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

See the other side for benefits



Benefits	Standard	Choice	Preferred	Benefits Limits
Hospital Admission	\$1,000	\$1,000	\$1,250	
Hospital Confinement	\$200	\$275	\$375	Per day/Maximum 365 days
ICU Admission	\$2,000	\$2,000	\$2,500	
ICU Confinement	\$400	\$550	\$750	Per day/Maximum 30 days*
Rehabilitation Admission	\$1,000	\$1,000	\$1,250	
Rehabilitation Confinement	\$120	\$165	\$225	Per day/Maximum 30 days
Outpatient Surgical Facility	\$200	\$200	\$300	
Recovery Benefit	\$35	\$50	\$100	Per day/Maximum 7 days
Emergency Room	\$75	\$100	\$150	
Initial Doctor's Office Visit	\$50	\$75	\$125	
Follow-up, Physical & Occupational Therapy	\$20	\$25	\$50	Per day/Maximum 3 days
Urgent Care	\$50	\$75	\$125	
X-Ray	\$15	\$20	\$40	
Diagnostic exams (CT, MRI, etc.)	\$75	\$100	\$200	
Air Ambulance	\$750	\$1,000	\$2,000	
Ground Ambulance	\$100	\$120	\$200	
Appliances	\$50	\$75	\$100	
Blood, Plasma, Platelets	\$150	\$200	\$300	
Burns	\$600-\$6,000	\$750-\$7,500	\$1,000-\$10,000	
Coma Injury	\$6,000	\$7,500	\$12,500	
Concussion	\$50	\$60	\$100	
Emergency Dental Work	\$40-\$160	\$50-\$200	\$100-\$400	
Eye Injury	\$150	\$200	\$300	
Herniated Disc	\$300	\$400	\$750	
Internal Organ Loss	\$2,000	\$2,500	\$2,500	
Knee Cartilage Torn (repair)	\$300	\$400	\$750	
Lacerations	\$15-\$250	\$20-\$300	\$30-\$500	
Lodging (per night)	\$75	\$100	\$150	Maximum 30 nights
Loss of Finger, Toe, Hand, Foot or Sight	\$450-\$7,500	\$600-\$10,000	\$1,000-\$20,000	
Prosthetic Device or Artificial Limb	\$250	\$500	\$1,500	One prosthetic device or artificial limb
Prosthetic Device or Artificial Limb	\$500	\$1,000	\$3,000	More than one prosthetic device or artificial limb
Skin Graft	25%* Burn	25%* Burn	25%* Burn	
Surgery (abdomen/thoracic only)	\$550	\$750	\$1,500	
Tendon, Ligament, Rotator Cuff	\$250	\$400	\$750	One repair
Tendon, Ligament, Rotator Cuff	\$450	\$600	\$1,125	Multiple repairs
Transportation	\$200	\$300	\$600	
Fractures & Dislocations	\$30-\$750	\$50-\$1,000	\$200-\$2,000	
Sports Package	25%**	25%**	25%**	Up to \$1,000 per year
AD&D (primary, spouse, child)	\$20,000	\$30,000	\$50,000	Per person

<sup>\*</sup>Maximum 31 days in UT

#### Benefits will be paid once per covered person per covered accident, unless otherwise stated.

Monthly Premiums	Standard	Choice	Preferred
Primary	\$14.22	\$18.02	\$28.00
Primary + Spouse	\$24.00	\$30.45	\$47.36
Primary + Children	\$26.76	\$34.02	\$51.96
Primary + Family	\$36.54	\$46.45	\$71.32

This is a brief description of policy benefits for accident policy Form No. series 14150R. See the policy for complete details of policy benefits and exclusions/limitations.









Applicable in AK, AL, AR, AZ, DC, DE, HI, IA, IN, KS, LA, MA, ME, MI, MO, MS, MT, NE, NJ, NM, NV, OR, RI, TX, UT, VT, WI, WV, WY



PLEASE CONTACT YOUR AGENT

<sup>\*\*</sup>Additional benefit of 25% of benefit amount paid for the Covered Accident if injury is sustained while participating in Organized Sports Activity.