

Select **Accident**

Combined Insurance Worksite Solutions



Accident Protector

Accident-only benefits



Let's make this easy.®

Accident Protector

Accidents happen. Unfortunately they too often come with unexpected costs. The Accident Protector product provides an affordable way for individuals and families to be protected from the extra expenses that can come due to an accident at home, work or even at play. This policy pays benefits for covered injuries due to an accident.

PRODUCT HIGHLIGHTS

- **Portability.** Unlike typical “group benefits” through an employer, this is individual coverage that can stay with the insured even if there is a change in jobs.
- **Non-cancellable and guaranteed renewable** for the insured’s lifetime (as long as the premium is paid as scheduled).
- **Spouse and childrens coverage options**
- **Benefit are paid directly to the insureds** and are in addition to any other insurance they may have—including Workers’ Compensation, Social Security or any other government sponsored insurance program.
- **No health questions asked or medical tests required**

PRODUCT FEATURES

■ HOSPITAL

- **Hospital Admission** benefit paid if, due to an injury, the insured is admitted to a hospital within 30 days of the injury. This benefit is payable once for each accident.
- **Hospital Confinement** benefit paid for each day the insured is continuously confined in a hospital with no maximum number of days. The confinement must be due to an injury and occur within 30 days of when the injury was sustained.
- **Intensive Care** benefit paid if the insured is confined in an Intensive Care unit during a period for which benefits are payable for hospital confinement for up to 30 days per accident.
- **Emergency Room** benefit paid if an injury requires treatment at an emergency care facility within 48 hours of the accident. Payable once for each accident.

■ INJURIES

- **Concussion** benefit paid if the insured is diagnosed by a doctor as having a concussion within 72 hours of the accident and requires any type of medical imaging procedure. Payable once for each accident.
- **Outpatient Surgery** benefit paid if an injury requires outpatient surgery within 90 days of the accident. Benefit amount is determined based on a Major or Minor classification. Major is if the surgery occurs in a hospital operating room; Minor is if it occurs in the doctor’s office, clinic, or emergency room.
- **Fracture** benefit paid for a fracture diagnosed by a doctor within 90 days of the accident that caused

the injury. Benefit amount is determined based on the classification, Major or Minor. Minor means the breaking of the nose, teeth, fingers, thumbs or toes. Major means the breaking of any other bone of the body.

- **Medical Appliance** benefit paid if, because of an injury and within 90 days of the injury-causing accident, the doctor prescribes the use of medical appliance such as crutches, a wheelchair, leg braces or back braces. This benefit is payable only once for each accident.

■ FOLLOW-UP BENEFITS

- **Emergency Follow-up Treatment** benefit paid if an injury requires follow-up treatment as recommended by a physician. Must be performed within three months of the covered Emergency Room treatment.
- **Physical Therapy** benefit paid if an injury requires physical therapy as prescribed by a physician. Treatment must be start within 90 days of the accident and be completed within six months after therapy begins.
- **Recovery following Hospital Confinement** benefit paid if the insured remains totally disabled following hospital confinement. Pays a daily benefit for up to the number of days of hospital confinement.

■ ADDITIONAL BENEFITS

- **Blood and Blood Plasma** benefit paid once for each accident if the resulting injury requires a transfusion, administration, cross matching, and processing of blood, plasma or platelets.

- **Ambulance** benefit paid if the insured is transported to a hospital within 48 hours of an injury by a licensed ambulance service. This benefit is payable once for each accident.
- **Health Screening** benefit paid once a year for health screening tests or procedures for each person covered under the policy. This includes chest x-ray, bone marrow testing, mammography, breast ultrasound, PAP smear, PSA, and others. The benefit is payable only after the policy is in force for at least 90 days.
- **Family Lodging** benefit paid if, due to an injury, the insured requires treatment at a hospital located more than 100 miles from home. This benefit is payable for hotel/motel stays by a family member who accompanies the insured during the time the insured is confined to a hospital
- **Transportation** benefit paid if the insured must travel 100 miles or more to receive treatment for an injury. Treatment must be 1) prescribed by a physician, 2) received while confined in a hospital and 3) is not available locally. This benefit is not payable for ground or air ambulance transportation.

■ **ACCIDENTAL DEATH OR DISMEMBERMENT**

- **AD&D** (any accident) benefit paid if the insured sustains an injury due to an accident and causes the loss of life, sight or limbs. The loss must occur within 180 days from the date of the accident, which caused the injury.

Note: Only one benefit amount per injury, either Accidental Death-Common Carrier or Accidental Death or Dismemberment-Any Accident, whichever is greater, will be paid for each covered person.

ELIGIBILITY

- Can match the employer’s existing benefit plan waiting period of full-time employees
- Employee must earn at least \$10,000 a year
- Employee/spouse issue ages: 18-64 years
- Children issue ages: 11 days-18 years

PREMIUM STRUCTURE

- Accident coverage: one rate for all ages
- Unisex and uni-smoker rates

UNDERWRITING GUIDELINES

- Must be actively at work on the date of enrollment
- Policy is guaranteed issue

■ **COVERAGE OPTIONS:**

- Employee only
- Employee & spouse
- Single parent
- Family

SAMPLE RATES

Weekly Deductions			
ACCIDENT ONLY			
Individual	Insured + Spouse	Single Parent	Family
\$ 4.00	\$ 6.75	\$6.75	\$9.50

EXCLUSIONS AND LIMITATIONS

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, attempted suicide or intentionally self-inflicted injury.
2. committing or attempting to commit 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), or while intoxicated (as defined by the law of jurisdiction in which the accident occurred).
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.
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.

The information contained within this document is only a brief description. See the actual policy for complete details of the policy features, benefits, options, rates, definitions, limitations and exclusions — which may vary by state and are subject to change.

Accident Protector — Benefit Summary

Benefits	Accident Benefit Amount	Benefit Limits
Wellness		
Health Screening	\$50	one time per policy year; specified screening only; 90 day wait
Hospital		
Admission	\$800	per admission
Confinement	\$200	per day
Intensive Care	\$200	per day/30 day maximum
Emergency Room (ER)	\$100 (c)	one visit per covered accident
Injuries		
Medical Appliance	\$100	per covered accident
Concussion	\$100	per covered accident
Outpatient Surgery		
- <i>Minor*</i>	\$250 (c)	per covered accident
- <i>Major*</i>	\$1,000 (c)	per covered accident
Fractures		
- <i>Minor**</i>	\$250 (c)	per covered accident
- <i>Major</i>	\$1,000 (c)	per covered accident
Follow-up		
Physician ER follow-up treatment	\$25	per visit; up to four visits per covered accident
Physical Therapy	\$25	per visit; up to ten visits per covered accident
Convalescence (Recovery following hospital confinement)	\$100	per day; maximum of one time the length of hospital confinement
Additional Benefits		
Blood/Blood Plasma	\$150	per covered accident
Ambulance	\$100 ground/\$500 air	per covered accident
Transportation	\$300	per trip/three trip maximum
Family Lodging	\$100	per day up to a lifetime maximum of 30 days; for family member only
Accidental Death or Dismemberment		
Employee:		
-Death (Common Carrier)	\$100,000	
-Death (any accident)	\$25,000	
-Single Dismemberment/loss	\$10,000	
-Double Dismemberment/loss	\$25,000	
Family (Spouse/Child):		
-Death (Common Carrier)	\$100,000/\$50,000	
-Death (any accident)	\$10,000/\$5,000	
-Single Dismemberment	\$5,000/\$2,500	
-Double Dismemberment	\$10,000/\$5,000	

*Major = in hospital; Minor = ER, doctor's office **Minor: nose, teeth, fingers, thumb, toes
(c) = child coverage benefit amount reduced by one-half

Policy Form Nos. 14027, 14028, 14029