



# No one plans on getting injured . . . but just in case, we've got you covered.

Florida

You do everything you can to stay active and healthy, but accidents happen every day, including sports-related accidents. An injury that hurts an arm or a leg can hurt your finances too. That's where Accident Champion can help. Accident Champion **pays cash benefits directly to you** or anyone you choose regardless of any other coverage you have.

## Sports Package

Your benefits **increase 25%**, up to \$1,000 per person per year, for injuries resulting from participating in organized sports! Playing sports can lead to injuries and unwelcome expenses. We'll increase your benefits to help pay those expenses.

## Rehabilitation Package

**We pay cash benefits for Admission, Daily Confinement and Recovery!** Whether you are released to a Rehabilitation Center following a hospital stay or you recover at home, we pay a daily recovery benefit to help with your transition.



Combined Insurance Company of America  
Chicago, Illinois

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

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 document is a brief description of Form No. 14185 series. Refer to your policy for specific details on benefits, exclusions and limitations.

## Features

**Guaranteed Issue** No medical history is required for coverage to be issued.

**Guaranteed Renewable** Your coverage cannot be cancelled as long as your premiums are paid as due.

**Fully Portable** You can keep your coverage even if you change jobs or retire.

**HSA Compatible**

## Initial Eligibility

**Insured** Actively employed working at least 17.5 hours per week and ages 18-70

## Exclusions & Limitations

This is Accident-Only Insurance.

No benefits will be paid for services rendered by a member of the Immediate Family of a Covered Person.

No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

No benefits will be paid for an injury that is caused by, contributed to, or occurs as a result of a covered person's: being intoxicated under state limits, or under the influence of any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred); participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place); committing or attempting to commit suicide or intentionally injuring himself or herself; having dental treatment, except for such care or treatment due to injury to sound natural teeth within twelve (12) months of the Covered Accident; war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto.

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# ACCIDENT | CHAMPION

## Schedule of Benefits 24-hour coverage



### Initial Care

|  |               |
|--|---------------|
| Ambulance (Ground/Air)                 | \$200/\$2,000 |
| Emergency Room                         | \$200         |
| Initial Doctor's Office Visit          | \$50          |
| Urgent Care                            | \$150         |
| Emergency Dental<br>(Crown/Extraction) | \$300/\$75    |

### Hospital and Rehabilitation

|  |         |
|--|---------|
| Hospital Admission                                   | \$1,500 |
| ICU Admission  | \$3,000 |
| Rehabilitation Admission                             | \$1,500 |
| Hospital Confinement<br>Per day, up to 365 days      | \$250   |
| ICU Confinement<br>Per day, up to 30 days            | \$500   |
| Rehabilitation Confinement<br>Per day, up to 30 days | \$150   |
| Recovery<br>Per day, up to seven days                | \$100   |

### Follow-up Care & Treatment

|  |         |
|--|---------|
| Abdominal or Thoracic Surgery                        | \$1,500 |
| Appliances   | \$100   |
| Blood, Plasma, Platelets                             | \$300   |
| Chiropractic Care<br>Per visit, up to three visits   | \$25    |
| Concussion   | \$100   |
| Follow-up Treatment<br>Per visit, up to three visits | \$25    |
| Lodging<br>Per night, up to 30 nights                | \$125   |
| Major Diagnostic Exam<br>(CT, MRI, etc.)             | \$150   |
| Organ Loss   | \$2,500 |
| Outpatient Surgery Facility                          | \$25    |
| Physical Therapy<br>Per visit, up to 10 visits       | \$25    |
| Prosthetics  | \$1,000 |
| Tendon, Ligament, Rotator Cuff Surgery               | \$500   |
| Transportation<br>Per trip up to three trips         | \$500   |
| X-ray  | \$30    |

### Injuries

|   |                          |
|---|--------------------------|
| Burns<br>Level 1/2/3                              | \$1,000/\$2,000/\$10,000 |
| Skin graft  | 25% of the burn benefit  |
| Coma  | \$10,000                 |
| Dislocations<br>Ankle, Foot, Hip, Knee            | \$1,000                  |
| Finger, Toe                                       | \$50                     |
| All other   | \$300                    |
| Eye   | \$250                    |
| Fractures<br>Skull, Hip, Thigh, Body of Vertebrae | \$1,000                  |
| Finger, Toe                                       | \$50                     |
| All other   | \$300                    |
| Herniated Disc                                    | \$500                    |
| Knee Cartilage - Torn                             | \$500                    |
| Lacerations                                       | \$30-\$400               |
| Loss of Hands, Feet or Sight                      | up to \$14,000           |
| Loss of Fingers or Toes                           | up to \$1,500            |

### Additional Benefits

|  |          |
|--|----------|
| Accidental Death   |          |
| Insured  | \$25,000 |
| Spouse   | \$25,000 |
| Child  | \$5,000  |
| Family Care<br>For each child in a child care center: Per day, up to 30 days | \$25     |

**Sports Package Benefits are 25% higher**  
when accident is due to organized sports.  
Up to \$1,000 per person per year

|   |      |
|---|------|
| Wellness<br>Per person, once per year;<br>90 day waiting period | \$50 |
|---|------|

### Annual Premium

|                  |          |
|------------------|----------|
| Insured          | \$283.20 |
| Insured & Spouse | \$540.96 |
| Insured & Child  | \$577.92 |
| Family           | \$835.68 |

Benefits may vary by state.

Benefits are paid once per accident unless otherwise noted.