



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

Montana

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 voluntarily intoxicated, or under the influence of alcohol or 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.

Marketed by 

# 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 (Crown/Extraction)	\$300/\$75

### Hospital and Rehabilitation

Hospital Admission	\$1,500
ICU Admission	\$3,000
Rehabilitation Admission	\$1,500
Hospital Confinement Per day, up to 365 days	\$250
ICU Confinement Per day, up to 30 days	\$500
Rehabilitation Confinement Per day, up to 30 days	\$150
Recovery 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 Per visit, up to three visits	\$25
Concussion	\$100
Follow-up Treatment Per visit, up to three visits	\$25
Lodging Per night, up to 30 nights	\$125
Major Diagnostic Exam (CT, MRI, etc.)	\$150
Organ Loss	\$2,500
Outpatient Surgery Facility	\$25
Physical Therapy Per visit, up to 10 visits	\$25
Prosthetics	\$1,000
Tendon, Ligament, Rotator Cuff Surgery	\$500
Transportation Per trip up to three trips	\$500
X-ray	\$30

### Injuries

Burns Level 1/2/3	\$1,000/\$2,000/\$10,000
Skin graft	25% of the burn benefit
Coma	\$10,000
Dislocations Ankle, Foot, Hip, Knee	\$1,000
Finger, Toe	\$50
All other	\$300
Eye	\$250
Fractures 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	
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

### Annual Premium

Insured	\$200.16
Insured & Spouse	\$370.56
Insured & Child	\$409.44
Family	\$579.84

Benefits may vary by state.

Benefits are paid once per accident unless otherwise noted.