

Accident Protector

Accident-only benefits

New Hampshire

Just consider that nearly 4 out of 10 people are treated in hospital emergency rooms annually.¹

The costs associated with treatment and recovery from an accident can be more than the average family earns in a month.

Major medical insurance pays many of the doctor and hospital bills. However, there are likely to be both medical and non-medical expenses that you must pay out-of-pocket.

1. National Safety Council, *Injury Facts*, 2014 Edition.



Ask yourself...

If you, or a family member, suffered an accident, do you have an emergency cash fund to help pay for unexpected expenses?

Are you prepared?

When an accident strikes will you be able to afford:

- **High deductibles and copayments** on your medical insurance?
- **Keeping up with monthly expenses** such as mortgage or rent, car payments, utility bills—even groceries?
- Help with everyday expenses such as child care, home maintenance and transportation?
- Lost income because of time off work?

If you said “no” to any of these, **you could be at risk.**

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Benefit Overview

BENEFITS	BENEFIT AMOUNT	BENEFIT LIMITS	
Wellness Health Screening	\$50	once per policy year; specified screenings only; 90 day wait	
Hospital Admission	\$800	per admission	
Hospital Confinement	\$200	per day	
Hospital Intensive Care	\$200	per day/30 day maximum	
Hospital Emergency Room (ER)	\$100 (c)	one visit per covered accident	
Medical Appliance	\$100	per covered accident	
Concussion	\$100	per covered accident	
Outpatient Surgery			
Minor*	\$250 (c)	per covered accident	
Major*	\$1,000 (c)	per covered accident	
Fractures			
Minor**	\$250 (c)	per covered accident	
Major	\$1,000 (c)	per covered accident	
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	
Blood/Blood Plasma	\$150	per covered accident	
Ambulance (ground)	\$100	per covered accident	
(air)	\$500		
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	Spouse	Child
Death (Common Carrier)	\$100,000	\$100,000	\$50,000
Death (any accident)	\$25,000	\$10,000	\$5,000
Single Dismemberment/loss	\$10,000	\$5,000	\$2,500
Double Dismemberment/loss	\$25,000	\$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			

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

The information contained within this document is only a brief description of the benefits and coverage under this policy.

Benefits are paid for losses resulting from injury sustained by the insured while this policy is in force and subject to the terms and limitations of this policy.

Exclusions

This is an Accident Only policy. 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 driving while legally intoxicated. Intoxication is determined by the law of the 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; or (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 product availability, features, benefits, exclusions and limitations may vary by state and are subject to change. See the policy (No. 14027/14028) for complete details.

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CBS-432EE-AP-NH-0519

