

Accident Insurance coverage worksheet

Determining the right solutions for you and your family

All benefit amounts are "per accident" unless otherwise noted.

	INSURED GOLD PLAN (PLAN II)	SPOUSE/CHILD GOLD PLAN (PLAN II)
ACCIDENT HOSPITAL BENEFITS		
Hospital Admission	\$ 800	\$ 800
Hospital Confinement	\$ 200/day	\$ 200/day
Intensive Care (Maximum period payable per accident)	\$ 200/day 30 days	\$ 200/day 30 days
Ambulance		
Ground Ambulance	\$ 100	\$ 100
Air Ambulance	\$ 500	\$ 500
ACCIDENT OUTPATIENT BENEFITS		
Appliance / Concussion	\$ 100	\$ 100
Emergency Room	\$ 100	\$ 100/\$50
Emergency Follow-up Treatment (Maximum 4 visits per accident)	\$ 25	\$ 25
Fractures		
Major Fracture	\$ 1,000	\$ 1,000/\$500
Minor Fracture	\$ 250	\$ 250/\$125
Outpatient Surgery		
Major Surgery	\$ 1,000	\$ 1,000/\$500
Minor Surgery	\$ 250	\$ 250/\$125
Physical Therapy (Maximum 10 visits per accident)	\$ 25	\$ 25
ADDITIONAL BENEFITS		
Blood and Blood Plasma	\$ 150	\$ 150
Family Lodging (Lifetime Maximum 30 days)	\$ 100/day	\$ 100/day
Health Screening (payable once per policy year)	\$ 50	\$ 50
Transportation (Maximum 3 trips per accident)	\$ 300/trip	\$ 300/trip
Accident Recovery Benefit		
Recovery Following Hospital Confinement (up to number of days hospitalized)	\$ 100/day	\$ 100/day
Accidental Death and Dismemberment		
Accidental Death - Common Carrier	\$ 100,000	\$ 100,000/\$50,000
Accidental Death and Dismemberment - Any Accident		
Loss of Life or Multiple Limbs or Sight in Both Eyes	\$ 25,000	\$ 10,000/\$5,000
Loss of One Limb or Sight in One Eye	\$ 10,000	\$ 5,000/\$2,500



IMPORTANT: This worksheet is for illustration purposes only; it is not part of your policy (Form No. 14028-CA). Please see the policy for any information concerning the policy benefits you selected (if any) as well as policy exclusions and limitations.

Important Policy Information

Accident Coverage Exclusions

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 the jurisdiction in which the accident occurred);
4. Being exposed to war or any act of war, declared or undeclared, or serving in any armed forces or units auxiliary thereto;
5. 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;

6. Engaging in hang-gliding, parachuting, bungee jumping, parasailing, or any similar activities; or
7. 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.

THIS IS VERY IMPORTANT: If you are on, or go on Medi-Cal, some or all of this policy's benefits may be paid to the Medi-Cal Agency.

NOTE: Accident Policy Form No. 14028-CA is an Accident-Only Policy and does not provide benefits for loss from sickness. This brochure contains a brief description of policy benefits. See the policy for complete details of policy benefits and exclusions/limitations.

This is supplemental insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.



Combined Insurance Company of America • 111 East Wacker Drive, Suite 700, Chicago, IL 60601
www.combinedinsurance.com
The ACE Group of Companies

Let's make this easy.®