

Accident & Sickness Protector benefits visual

Determining the right solutions for you and your family

Benefits available for Accident Policy with Sickness Rider*
All benefits shown are “per accident” or “per sickness” unless otherwise noted.

	INSURED GOLD PLAN (Plan II)	SPOUSE/CHILD GOLD PLAN (Plan II)	INSURED SILVER PLAN (Plan I)	SPOUSE/CHILD SILVER PLAN (Plan I)
Hospital Benefits				
Hospital Admission	\$ 800	\$ 800	\$ 400	\$ 400
Hospital Confinement	\$ 200/day for life	\$ 200/day for life	\$ 100/day for life	\$ 100/day for life
Intensive Care	\$ 200/day up to 30 days	\$ 200/day up to 30 days	\$ 100/day up to 30 days	\$ 100/day up to 30 days
Ambulance				
Ground	\$ 100	\$ 100	\$ 50	\$ 50
Air	\$ 500	\$ 500	\$ 250	\$ 250
Outpatient Benefits				
Appliance	\$ 100	\$ 100	\$ 50	\$ 50
Concussion (accident only)	\$ 100	\$ 100	\$ 50	\$ 50
Emergency Room	\$ 100	\$ 100/\$50	\$ 50	\$ 50/\$25
Emergency Follow-up Treatment	up to \$ 100	up to \$ 100	up to \$ 50	up to \$ 50
Fractures (accident only)				
Major	\$ 1,000	\$ 1,000/\$500	\$ 500	\$ 500/\$250
Minor	\$ 250	\$ 250/\$125	\$ 125	\$ 125/\$62.50
Outpatient Surgery				
Major	\$ 1,000	\$ 1,000/\$500	\$ 500	\$ 500/\$250
Minor	\$ 250	\$ 250/\$125	\$ 125	\$ 125/\$62.50
Physical Therapy (accident only) (Maximum 10 visits per accident)	\$ 25 per visit	\$ 25 per visit	\$ 12.50 per visit	\$ 12.50 per visit
Additional Benefits				
Blood and Blood Plasma	\$ 150	\$ 150	\$ 75	\$ 75
Family Lodging (Maximum 30 days)	\$ 100/day	\$ 100/day	\$ 50/day	\$ 50/day
Health Screening (accident only) (Payable once per policy year)	\$ 50	\$ 50	\$ 25	\$ 25
Transportation (Maximum 3 trips)	\$ 300	\$ 300	\$ 150	\$ 150
Recovery Benefit				
Recovery Following Hospital Confinement (up to number of days hospitalized)	\$ 100/day	\$ 100/day	\$ 50/day	\$ 50/day
Accidental Death and Dismemberment (accident only)				
Accidental Death - Common Carrier	\$ 100,000	\$ 100,000/\$50,000	\$ 50,000	\$ 50,000/\$25,000
Accidental Death and Dismemberment - Any Accident				
Loss of Life or Multiple Limbs or Sight in Both Eyes	\$ 25,000	\$ 10,000/\$5,000	\$ 12,500	\$ 5,000/\$2,500
Loss of One Limb or Sight in One Eye	\$ 10,000	\$ 5,000/\$2,500	\$ 5,000	\$ 2,500/\$1,250

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

*** NOTE:** You will only be eligible for sickness benefits under the optional Sickness Rider if your application for the Sickness Rider (form no. series 12400) is approved by our underwriting department and is issued to you with your Accident Policy (form no. series 14027) and the required premium is paid. Accident coverage does not provide benefits for loss from sickness. The Sickness Rider is guaranteed renewable until the policy anniversary after your 75th birthday so long as the policy to which this rider is attached is in force.

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.

This worksheet contains a brief description of policy/rider benefits. See the policy/rider for complete details of benefits and exclusions/limitations.

This document must only be used in conjunction with the applicable Product Brochure.



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