



Accident & Sickness Protector

Combined Insurance's Accident & Sickness Protector—a good decision.



This accident and sickness policy provides cash benefits to help you and your loved ones when needed most.

Protection that works for you

The Accident & Sickness Protector covers you on or off the job, 24 hours a day, 365 days a year. You are the owner of this policy – even if you change employers you can keep your coverage without interruption.

Claims are payable to you and are paid in addition to any other insurance you might have.

Specified Indemnity Benefits Payable for a Covered Accident or Sickness include:

	Insured Choice Plan (Plan II)	Spouse/Child Choice Plan (Plan II)
Hospital confinement (per day)	\$165	\$165 / \$82.50

Optional Riders Available		
Outpatient surgery Major Minor	\$1,000 \$100	\$1,000 / \$500 \$100 / \$50
Intensive Care (per day)	\$1,250	\$1,250 / \$625
Emergency Room (per visit; max. 4 visits/year)	\$200	\$200 / \$100

Just consider that annually 1 out of 7 people seek medical attention for injuries.¹

1. National Safety Council, InjuryFacts.nsc.org, 2021





Accident & Sickness Protector Limitations and Exclusions

Accident and Sickness Coverage Exclusions

Benefits will not be payable if loss is directly caused by or results from any of the following:

1. Intentionally self-inflicted injuries;
2. Normal pregnancy or childbirth, except for Complications of Pregnancy; or
3. Cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.

Preexisting Condition Limitation

Loss covered by a preexisting condition is not covered unless such loss is incurred after 12 months from the issue date of the policy.

Preexisting condition means a sickness or disease which:

1. Required medical advice or treatment in the 12 months preceding the issue date of the policy; or
2. Symptoms within the 12 months preceding the issue date for which a reasonably prudent person would have sought medical advice or treatment.

Optional Riders

The outpatient surgery (Form Series 42906), intensive care (Form Series 42905) and emergency room (Form Series 42907) riders are available for an additional premium.

Spouse (Rider Form No. 42908-NY) and Child (Rider Form No. 42909-210) coverage are also available for an additional premium.

THIS IS VERY IMPORTANT: 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.

IMPORTANT NOTICE:

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

Notice of Claim / Proof of Loss

Written proof of loss must be given to Combined within 90 days after such loss. If it was not reasonably possible to give written proof within 90 days, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

This document contains a brief description of Accident & Sickness Hospital Indemnity Policy (**Form Series 42904**), Intensive Care Rider (**Form Series 42905**), Outpatient Surgery Rider (**Form Series 42906**) and Emergency Room Rider (**Form Series 42907**). See the policy and riders for complete details of benefits, exclusions and limitations.

Combined Life Insurance Company of New York, Latham, NY

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Accident Protector benefits visual

Determining the right solutions for you and your family

All benefits shown are "per accident" unless otherwise noted.

Available benefits include:

Accident Hospital Benefits

Hospital Confinement (within 90 days of injury)
Intensive Care Confinement

Ambulance (within 72 hours of injury)
Ground Ambulance
Air Ambulance

INSURED CHOICE PLAN (Plan II)

SPOUSE/CHILD CHOICE PLAN (Plan II)

\$ 150/day
\$5,000
per accident

\$ 150/day
\$5,000
per accident

\$ 100
\$ 500

\$ 100
\$ 500

Accident Outpatient Benefits

Appliance(s) (crutches, walkers, etc.)
Concussion
Emergency Room (within 72 hours of injury)
Emergency Follow-up Treatment
(Maximum 4 visits per accident)
Urgent Care visit (within 30 days of injury)
Fractures

Major Fracture
Minor Fracture
Outpatient Surgery
Major Surgery
Minor Surgery
Physical Therapy
(Maximum 10 sessions per accident)

\$ 100
\$ 100
\$ 100
\$ 25 per visit

\$ 100
\$ 100
\$ 100/\$50
\$ 25 per visit

\$ 100
\$ 1,000
\$ 250
\$ 1,000
\$ 250
\$ 25 per session

\$ 100/\$50
\$ 1,000/\$500
\$ 250/\$125
\$ 1,000/\$500
\$ 250/\$125
\$ 25 per session

Additional Benefits

Blood and Blood Plasma
Family Lodging
(Lifetime Maximum 30 days)
Health Screening (payable once per policy year,
per covered person)
Transportation (maximum 3 trips per accident)
(For travel of 100 miles+ for necessary treatment)

\$ 150
\$ 100/day
\$ 50
\$ 300/trip

\$ 150
\$ 100/day
\$ 50
\$ 300/trip

Accident Recovery Benefit

Recovery Following Hospital Confinement
(For Total Disability - up to the number of days hospitalized)

\$ 100/day

\$ 100/day

Accidental Death and Dismemberment

Accidental Death - Common Carrier
Accidental Death and Dismemberment - Any Accident
Loss of Life or Multiple Limbs or Sight in Both Eyes
Loss of One Limb or Sight in One Eye

\$ 100,000
\$ 25,000
\$ 10,000

\$ 100,000/\$50,000
\$ 10,000/\$5,000
\$ 5,000/\$2,500



IMPORTANT: This worksheet is for illustration purposes only; it is not part of the policy (Form No. 44028-315). 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 Policy Coverage Exclusions

Benefits (including AD&D) 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 intoxicated or under the influence of any narcotic unless administered on the advice of a physician;
4. War or any act of war, declared or undeclared, or serving in any armed forces or units auxiliary thereto; or
5. Aviation other than as a fare paying passenger or charter flight operated by a scheduled airline.

Accidental Death & Dismemberment Benefit* (AD&D)

This benefit is payable if a covered person sustains an injury, which within 180 days from the date of the accident that caused the injury, is the cause of loss of life, sight or limbs. The "Common Carrier" benefit is only payable if a covered person sustains an injury, which within 180 days from the date of the accident that caused the injury, is the sole cause of death and which occurs while riding as a fare paying passenger on a common carrier. Common Carrier means: commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers.

*Only one benefit amount will be paid for multiple losses resulting from the same accident.

THIS IS VERY IMPORTANT: 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 is an Accident Only policy and does not pay benefits for loss from sickness.

NOTE: This is Accident Only policy Form No. 44028 and Urgent Care rider Form No. 40100.

This worksheet 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.

The expected benefit ratio for this policy is 50%. This ratio is the portion of future premiums which Combined Insurance expects to return as benefits, when averaged over all people with this policy.

Notice of Claim / Proof of Loss

Written proof of loss must be given to Combined within 90 days after such loss. If it was not reasonably possible to give written proof within 90 days, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

Very Important: This is a supplement to health insurance and is not a substitute for Major Medical or other minimum essential coverage. You are not required to purchase this coverage in order to purchase Major Medical coverage.



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Let's make this easy.