

Offered to members of United Employees of the State of California



## ACCIDENTASSURCe®

192183

# You can't prevent every accident—but you can protect yourself and your family with ACCIDENT*assure*.



## OUR ASSURANCES

- Benefits are paid directly to you regardless of any other insurance you have.<sup>1</sup>
- Benefits have no lifetime maximums.
- Rates won't increase because you use your policy.<sup>2</sup>

ACROSS THE U.S., ACCIDENTS HAPPEN AT AN ALARMING RATE. **EVERY SECOND OF EVERY DAY**, SOMEONE IS DISABLED FROM AN ACCIDENTAL INJURY. AND **1-IN-8** AMERICANS—**39 MILLION** PEOPLE— RECEIVE MEDICAL ATTENTION FOR NONFATAL INJURIES ANNUALLY.<sup>3</sup> **ACCORDING TO THE NATIONAL SAFETY COUNCIL, FALLS ARE A LEADING CAUSE OF ALL ACCIDENTAL INJURIES IN THE U.S., RESPONSIBLE FOR NEARLY 9 MILLION ER VISITS A YEAR.**<sup>4</sup>

An accidental injury<sup>5</sup> is an injury to your body caused by and resulting from a sudden, unexpected, unintentional and unforeseen event. An accident<sup>6</sup> can happen anywhere at nearly any time. Bodily injuries that result from accidents can be painful—and can cause unexpected medical bills for diagnosis and treatment.

If you're in an accident, your major medical plan may cover most of your expenses. But you're likely to be responsible for out-of-pocket expenses such as deductibles and copays, plus medical appliances and transportation.

## Gain the extra protection you need with ACCIDENT*ASSUTE*.

<sup>1</sup>Unless otherwise requested by you or required.

<sup>2</sup>Your rates cannot be increased unless all rates of the same kind are raised in your state.

<sup>4</sup>National Safety Council, Injury Facts<sup>®</sup>, 2016 Edition, p. 33.

<sup>5</sup>An accidental injury means all bodily injuries caused by and resulting from an accident. Accidental injury does not include injury of bodily or mental infirmity or disease in any form or medical treatment of any kind. An example of bodily infirmity is an allergic reaction, such as a bee sting. <sup>6</sup>An accident means a sudden, unexpected, unintentional and unforeseen event.

<sup>&</sup>lt;sup>3</sup>National Safety Council, Injury Facts<sup>®</sup>, 2016 Edition, p. 2. These facts represent the U.S. population, are provided for information only and do not imply coverage under the policy or endorsement of the company or policy by the National Safety Council.

## **Choose the plan** that's right for you.

Every accidental injury—from bumps and bruises to broken bones—requires different care and treatment. To help protect you and your family, ACCIDENT*assure* offers benefits for today's most common accidental injuries, whether they happen on the job or off. Plus, the policy lets you choose from two levels of coverage.<sup>1</sup>

### Accident benefits

ACCIDENT <i>assure</i> pays these benefits to the insured for injuries from a covered accident.	LEVEL 1	LEVEL 2
<b>Inpatient hospital confinement</b> pays a daily amount for up to 365 days when you're admitted to a hospital for 24 or more hours within 30 days of a covered accident	\$300 per day	\$500 per day
<b>Intensive care unit</b> <i>is payable for up to 15 days per covered accident</i>	\$600 per day	\$1,000 per day
Ambulance pays one lump sum for each covered accident within 72 hours of the covered accident Ground ambulance: Air ambulance:	\$150 \$1,000	\$250 \$1,500
Emergency room services pays one amount per 24-hour period within 72 hours of the covered accident Adult: Child(ren):	\$300 \$200	\$500 \$350
<b>Transportation</b> helps cover the costs when an insured person must travel to receive inpatient care more than 100 t the accident site or his/her residence; the benefit is payable for up to three trips per insured each cale		\$600
<b>Family lodging</b> is payable for one hotel room for an immediate family member for up to 30 days when an insured is confined more than 100 miles from his/her residence	\$100 per day	\$125 per day
<b>Physician's office visit</b> <i>including chiropractor; pays up to two visits per insured for each covered accident</i>	\$30 per visit	\$50 per visit
<b>Physical therapy</b> helps cover expenses for up to eight visits per insured for each covered accident	\$30 per visit	\$50 per visit
<b>Medical imaging</b> for CT, MRI and EEG exams; pays a one-time benefit per insured for each covered accident	\$150	\$200
Medical appliances for wheelchairs, walkers, crutches, leg braces or back braces; is payable one time per insured for each covered accident	\$100	\$125
<b>Prostheses</b> pays the insured when the required item is obtained within three years of a covered accident; maximum benefit is specified per device, per covered accident, per insured	\$500	\$750
Blood and plasma is available one time per covered accident, regardless of the number of units received	\$100	\$200

<sup>1</sup>*Premiums are based on the benefit level you select.* 

Other terms and conditions apply; ask your agent for details.

## Specific injury benefits

To qualify for these benefits, the injury must be due to a covered accident and be diagnosed and treated by a physician within 90 days of the covered accident (*within 72 hours for lacerations and burns; within 60 days for a ruptured disc, torn cartilage or hernia*).

INJURY TYPE	1202102102	LEVEL 1	LEVEL 2
Fracture	Hip or thigh	\$2,400	\$ 3,200
	Vertebrae	\$2,200	\$ 2,900
	Pelvis	\$2,000	\$ 2,550
	Skull (depressed)	\$1,800	\$ 2,400
	Leg	\$1,500	\$ 2,000
	Foot, ankle or kneecap	\$1,200	\$ 1,600
	Forearm or hand	\$1,200	\$ 1,600
	Lower jaw	\$1,000	\$ 1,300
	Shoulder blade, collarbone or sternum	\$1,000	\$ 1,300
	Skull (simple)	\$ 900	\$ 1,200
	Upper arm or upper jaw	\$ 900	\$ 1,200
	Facial bones	\$ 750	\$ 1,000
	Vertebral processes	\$ 500	\$ 750
	Coccyx, rib, finger, toe or nose	\$ 200	\$ 250
Dislocation	Hip	\$2,200	\$ 3,000
first complete or partial	Knee (not kneecap)	\$1,600	\$ 2,100
dislocation only	Shoulder	\$1,200	\$ 1,600
	Foot or ankle	\$1,000	\$ 1,300
	Hand	\$ 900	\$ 1,200
	Lower jaw	\$ 750	\$ 1,000
	Wrist	\$ 600	\$ 800
	Elbow	\$ 500	\$ 650
	Finger or toe	\$ 200	\$ 250
Laceration requiring sutures	More than 5 inches	\$ 300	\$ 400
combined length	2 to 5 inches	\$ 150	\$ 200
	Up to 2 inches	\$ 75	\$ 100
Injuries requiring surgery	Eye injury	\$ 150	\$ 200
,	Tendon or ligament		
	Single	\$ 600	\$ 800
	Multiple	\$ 900	\$ 1,200
	Ruptured disc		
	During first year of coverage	\$ 150	\$ 200
	After first year of coverage	\$ 600	\$ 800
	Torn cartilage		100 million (1970)
	During first year of coverage	\$ 150	\$ 200
	After first year of coverage	\$ 600	\$ 800
	Hernia	0.000	
	During first year of coverage	\$ 150	\$ 200
	After first year of coverage	\$ 300	\$ 400
Paralysis	Paraplegia	\$5,000	\$10,000
	Quadriplegia	\$6,250	\$12,500
Burn	Second- or third-degree burn	\$ 900	\$ 1,200

## Accidental dismemberment benefits

ACCIDENT*assure* pays a benefit when an insured person is dismembered as the result of a covered accident. The dismemberment must occur within 365 days after the covered accident.

YPE OF DISMEMBERMENT	POLICYOWNER AND SPOUSE	CHILD(REN)
One finger or toe	\$ 1,250	\$ 313
More than one finger and/or toe	\$ 1,500	\$ 375
One eye, hand, foot, arm or leg	\$ 7,500	\$ 1,875
More than one eye, hand, foot, arm or leg	\$ 25,000	\$ 6,250
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LEVEL 2	POLICYOWNER AND SPOUSE	CHILD(REN)
	POLICYOWNER AND SPOUSE \$ 2,000	CHILD(REN) \$ 500
YPE OF DISMEMBERMENT		
YPE OF DISMEMBERMENT One finger or toe	\$ 2,000	\$ 500

## Accidental death benefit

ACCIDENT assure pays a benefit when an insured person dies within 90 days as the result of a covered accident.

LEVEL 1		
TYPE OF ACCIDENT	POLICYOWNER AND SPOUSE	CHILD(REN)
Common carrier <sup>1</sup>	\$ 100,000	\$25,000
Motorized vehicle or pedestrian <sup>2</sup>	\$ 75,000	\$18,750
Accidental death <sup>3</sup>	\$ 50,000	\$12,500
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LEVEL 2	POLICYOWNER AND SPOUSE	CHILD(REN)
LEVEL 2		30.52
LEVEL 2	POLICYOWNER AND SPOUSE	CHILD(REN)

<sup>1</sup>Examples of common carrier: commercial airline, railroad train licensed and operated for passenger service only, boat/ship licensed for passengers on a scheduled route.
<sup>2</sup>Examples of motorized vehicle: automobiles, trucks of all sizes, taxi cabs, buses.
<sup>3</sup>Example of accidental death: motorcycle accident.
Other terms and conditions apply; ask your agent for details.

## Get even more protection with these optional riders

#### PHYSICIAN'S OFFICE ADDITIONAL BENEFIT RIDER

The Physician's Office Additional Benefit rider provides the flexibility to receive treatment in a number of nonemergency-room medical facilities, such as a physician's office, dentist's office<sup>1</sup> or urgent/immediate care center. With this option, you'll receive an enhanced benefit when you seek care at an approved medical facility after an accident, regardless of the treatment needed or scope of the injury.

#### The benefit is payable in one of two ways:

1) A \$200 benefit is payable to diagnose and treat injuries which are not covered under the base policy, such as broken natural teeth, sprains, first-degree burns and other noncovered injuries. The \$200 benefit pays in *addition* to the physician's office visit benefit included in the base policy, as shown in example 1.

#### OR

2) When the physician's office benefit is paid along with other benefits that are covered in the base policy, this rider pays an additional \$50 (instead of \$200), as shown in example 2.

*The injury must be the result of a covered accident for which a charge was incurred and the physician's office visit benefit is payable, in order for the Physician's Office Additional Benefit rider to be payable.* 

#### Example 1

			TOTAL BENEFIT	\$250
	( <i>to determine if fractured</i> ), and pain medication	NO fracture	Physician's Office Additional Benefit rider	\$200
Fall	Dr. office visit, X-ray	Arm pain and	Physician's office visit benefit	\$50
INJURY CAUSE	TREATMENT	DIAGNOSIS	BENEFIT	AMOUNT <sup>2</sup>

#### *Example 2*

			TOTAL RENEFIT	\$1,700
	cast, sling and pain medication		Fracture	\$1,600
	(to check for fracture and verify bone is set correctly),	and fracture	Physician's Office Additional Benefit rider	\$50
Fall	Doctor office visit, X-rays	Arm pain	Physician's office visit benefit	\$50
INJURY CAUSE	TREATMENT	DIAGNOSIS	BENEFIT	AMOUNT <sup>2,3</sup>

#### PUBLIC SAFETY RIDER

\$2,000 when a gunshot wound is received in the line of duty

Law enforcement officers, corrections officers, probation officers, parole officers, EMTs, paramedics and firefighters are eligible for this benefit. For the benefit to be payable, treatment must be rendered by a physician in a hospital within 24 hours of the accident.

<sup>1</sup>Benefits are not payable for loss contributed to, caused by or resulting from your treatment for dental care or dental procedures, unless treatment is the result of a covered accident. Dental procedures that result from a covered accident are limited to natural teeth.

<sup>2</sup>This information is provided for illustration purposes only. Benefit examples are based on level 2 coverage.

<sup>3</sup>Other benefits may be payable under the policy and may vary by the type of covered accident.

Other terms and conditions apply; ask your agent for details.

#### **ITEMS NOT COVERED** (limitations and exclusions)

LIMITED BENEFIT POLICY: We will not pay for loss caused by or resulting from war, or services in the armed forces. We will return, at your request, the prorated premium paid for you and any period you are no insured by this policy while you are in such service; committing or attempting to commit suicide, regardless of mental capacity; injuring or attempting to injure yourself intentionally, regardless of mental capacity; being in an accident more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, Bahamas, Virgin Islands, Bermuda or Jamaica (except under the accidental death benefit); riding in or driving any motor-driven vehicle in any race, stunt show or speed test or on any race course or speedway; traveling as a passenger other than a fare paying passenger in any aircraft or travel as a passenger in a military aircraft or acting as a pilot or crew in any aircraft; hang-gliding, bungee jumping, parachuting, sail-gliding, parasailing, parakiting or mountaineering; being legally intoxicated or being under the influence of a controlled substance, unless administered on the advice of a physician. Committing or attempting to commit a felony, or to which a contributing cause was your being engaged in an illegal occupation. Professionally participating in any sporting event for the pay or prize money; having any disease, bodily or mental illness, or degenerative process. We also will not pay benefits for any related medical treatments or diagnostic procedures.

**Public Safety rider:** For multiple gunshot wounds within a 24-hour period, the benefit is payable only for one wound. If death occurs as a result of the same shooting, we will pay only the largest of the benefits for which the policyowner is eligible. This rider does not cover gunshot wounds received while the public safety officer is not working in the line of duty and not within the course and scope of duty, or from nonconventional firearms. A conventional firearm is defined as a weapon from which a bullet or shot is fired by gunpowder or compressed gas.

Confinement in a hospital means assignment to a bed, for which room and board charges are made, as an inpatient in a hospital on the advice of a physician for a minimum 24-hour period. The confinement must be the result of an accidental injury.

A hospital is not a bed, unit or facility that functions as a skilled nursing facility, nursing home, convalescent home, rest home, home for the aged, sanatorium, rehabilitation center, place primarily for providing care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or mental disorders.

An intensive care unit is not a progressive care unit, subacute intensive care unit, intermediate care unit, private monitored room, observation unit, surgical recovery room or room, bed or ward customarily used for patient confinement.

Premiums for the accidental death and dismemberment coverage are based on age, health and benefit plan selected.

This brochure is intended to be a brief, general description of coverage. To the extent that there may be discrepancies between the information provided in this brochure and the policy language, the policy language takes precedence. For more complete details of coverage, including benefits, limitations and exclusions specific to your state, please review the policy with your agent.

Policy form: CIC1022CA Rider series: Physician's Office Additional Benefit rider: R1058 Public Safety rider: R1022PSCA

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