



# If they need you, you need a Champion

Good things in life happen every day, and unfortunately, accidents happen too. You need a champion to defend and protect everything you value—your family, your goals, your dreams, your independence—in essence, your life.



**John Carroll University**



**First Accident Benefit** pays you \$100 quickly.



**Sports Package** pays 25% higher benefits.

## No one plans on getting injured ... but just in case, we've got you covered.

You do everything you can to stay active and healthy, but accidents happen every day, especially sports-related accidents. An injury that hurts an arm or a leg can hurt your finances too. That's where Accident Champion can help.

Accident Champion **pays cash benefits directly to you** or anyone you choose regardless of any other coverage you have. And Accident Champion pays extra benefits for injuries resulting from participating in organized sports. Let Accident Champion help take care of your bills so you can take care of yourself and your family.

### Accident Champion Benefits always include:

#### First Accident

**Pays you \$100 soon after you report your first claim for covered benefits!**

If you get injured, we can begin processing your claim right over the phone so you can get cash fast.

#### Sports Package

Your benefits **increase 25%**, up to \$1,000 per person per year, for injuries resulting from participating in organized sports! Playing sports can lead to injuries and unwelcome expenses. We'll increase your benefits to help pay those expenses.

#### Rehabilitation Package

**We pay cash benefits for Admission, Daily Confinement and Recovery!**

Whether you are released to a Rehabilitation Center following a hospital stay or you recover at home, we pay a daily recovery benefit to help with your transition.

### Here's How Accident Champion Benefits Work:

Accident Champion helps pay for the unexpected costs of an accidental injury by providing benefits for initial care, injuries, treatment, facility care and follow-up care.

If you get injured at soccer practice and break your leg, here's how benefits may stack up:

|                            |                 |
|----------------------------|-----------------|
| <b>First Accident</b>      | <b>\$ 100</b>   |
| Ambulance                  | \$ 120          |
| ER Visit                   | \$ 75           |
| X-Ray                      | \$ 20           |
| Fracture                   | \$ 300          |
| Crutches                   | \$ 75           |
| Physical Therapy           | \$ 250          |
| Follow-up Visits           | \$ 75           |
| Subtotal                   | \$ 1,015        |
| <b>PLUS Sports Package</b> | <b>\$ 253</b>   |
| <b>Total Payment</b>       | <b>\$ 1,268</b> |

**The Sports Package** increases the total benefit payment by **25%**

**BENEFITS INCREASE \$253**

This claim scenario is hypothetical and is offered solely to illustrate the types of situation that may result in a claim. This scenario is not based on an actual claim and should not be compared to an actual claim. Whether or to what extent a particular loss is covered depends on the facts and circumstances of the loss, the terms and conditions of the policy as issued and applicable law. Refer to the certificate of insurance for details.



**Schedule of Benefits** 24-hour coverage

**GOLD PLAN**

**Initial Care**

|                                     |               |
|-------------------------------------|---------------|
| Ambulance (Ground/Air)              | \$120/\$1,000 |
| Emergency Room                      | \$75          |
| Initial Doctor's Office Visit       | \$25          |
| Urgent Care                         | \$50          |
| Emergency Dental (Crown/Extraction) | \$200/\$50    |

**Hospital and Rehabilitation**

|  |         |
|--|---------|
| Hospital Admission                                   | \$500   |
| ICU Admission  | \$1,000 |
| Rehabilitation Admission                             | \$500   |
| Hospital Confinement<br>Per day, up to 365 days      | \$150   |
| ICU Confinement<br>Per day, up to 30 days            | \$300   |
| Rehabilitation Confinement<br>Per day, up to 30 days | \$90    |
| Recovery<br>Per day, up to seven days                | \$50    |

**Follow-up Care & Treatment**

|  |         |
|--|---------|
| Abdominal or Thoracic Surgery                        | \$750   |
| Appliances   | \$75    |
| Blood, Plasma, Platelets                             | \$200   |
| Chiropractic Care<br>Per visit, up to three visits   | \$25    |
| Concussion   | \$60    |
| Follow-up Treatment<br>Per visit, up to three visits | \$25    |
| Lodging<br>Per night, up to 30 nights                | \$100   |
| Major Diagnostic Exam (CT, MRI, etc.)                | \$100   |
| Organ Loss   | \$2,500 |
| Outpatient Surgery Facility                          | \$25    |
| Physical Therapy<br>Per visit, up to 10 visits       | \$25    |
| Prosthetics  | \$500   |
| Tendon, Ligament, Rotator Cuff Surgery               | \$400   |
| Transportation<br>Per trip up to three trips         | \$300   |
| X-ray  | \$20    |

**Injuries**

|   |                          |
|---|--------------------------|
| Burns<br>Level 1/2/3  | \$750/\$1,500/\$7,500    |
| Coma  | \$7,500                  |
| Dislocations<br>Ankle, Foot, Hip, Knee<br>Finger, Toe<br>All other            | \$1,000<br>\$50<br>\$300 |
| Eye   | \$200                    |
| Fractures<br>Skull, Hip, Thigh, Body of Vertebrae<br>Finger, Toe<br>All other | \$1,000<br>\$50<br>\$300 |
| Herniated Disc  | \$400                    |
| Knee Cartilage - Torn   | \$400                    |
| Lacerations   | \$20-\$300               |
| Loss of Hands, Feet or Sight  | up to \$10,000           |
| Loss of Fingers or Toes   | up to \$1,200            |

**Additional Benefits**

|   |                             |
|---|-----------------------------|
| <b>First Accident</b><br>Once per policy  | <b>\$100</b>                |
| Accidental Death<br>Employee & Spouse<br>Child  | \$20,000<br>\$4,000         |
| Catastrophic Accident<br>Prior to Age 70<br>Employee & Spouse<br>Child<br>On or after Age 70                                    | \$25,000<br>\$12,500<br>50% |
| Family Care<br>For each child in a child care center:<br>Per day, up to 30 days   | \$25                        |
| <b>Sports Package Benefits are 25% higher</b><br>when accident is due to organized sports.<br>Up to \$1,000 per person per year |                             |
| Wellness<br>Per person, once per year,<br>90 day waiting period   | \$25                        |

| <b>GOLD</b>           | BI-WEEKLY | MONTHLY |
|-----------------------|-----------|---------|
|                       | Employee  | \$5.14  |
| Employee + Spouse     | \$8.14    | \$17.62 |
| Employee + Child(ren) | \$8.14    | \$17.62 |
| Family                | \$11.14   | \$24.12 |

Benefits are paid once per accident unless otherwise noted.



# How does **ACCIDENT CHAMPION** help?

You do everything you can to keep your family safe, but accidents happen, and when they do, it's good to know we've got you covered. Let Accident Champion help take care of your bills, so you can take care of your family.



## Features

### Date of Application Coverage

Coverage becomes effective as soon as your application is signed, you have authorized payment and the Initial Eligibility requirements are met.

### Guaranteed Issue

No medical history is required for coverage to be issued.

### Guaranteed Renewable

Your coverage cannot be cancelled as long as your premiums are paid as due.

### Fully Portable

You can keep your coverage even if you change jobs or retire.

### HSA Compatible

## Initial Eligibility

### Employee

- Actively employed working at least 17.5 hours per week
- Ages 18 and up

### Spouse

- Ages 18 and up

### Dependent children/grandchildren

- Ages 0 to 26
- No student status required
- Coverage will continue for incapacitated dependent children regardless of age.

## Facts

**Nearly 40 million** emergency room visits each year are due to injuries<sup>1</sup>

**23.9 million** adults ages 18-64 receive medical consultation for injuries each year.<sup>1</sup>

Sports and leisure injuries accounted for the **majority of all** injuries among children.<sup>1</sup>

<sup>1</sup> National Safety Council, Injury Facts, 2016 Edition

## Exclusions & Limitations

This is Accident-Only Insurance. No benefits will be paid for an injury that is caused by, contributed to, or occurs as a result of a covered person's:

- Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction in which the accident occurred);
- Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- Committing or attempting to commit suicide or intentionally injuring himself or herself;
- Having dental treatment, except for such care or treatment due to injury to sound natural teeth within twelve (12) months of the Covered Accident;
- Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto; or
- Participation in any contest using any type of motorized vehicle.

## Accident Benefits Summary

### Name:

| Type of Coverage                               | Payroll Deduction |
|--|-------------------|
| <input type="checkbox"/> Employee              |                   |
| <input type="checkbox"/> Employee + Spouse     |                   |
| <input type="checkbox"/> Employee + Child(ren) |                   |
| <input type="checkbox"/> Family                | \$                |

If you have questions about this product or want to initiate the filing or processing of a claim, call **1-800-544-9382**.

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.

This document is a brief description of Certificate Form No. C14059R-OH. Refer to your certificate of insurance for specific details about benefits, exclusions and limitations.

