



# ACCIDENT*assure*<sup>®</sup>

ACCIDENTAL INJURY & DISABILITY INCOME INSURANCE

# 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 ACCIDENTALLY INJURED.<sup>3</sup> WHAT'S MORE, **1-IN-7** AMERICANS—**47.2 MILLION** PEOPLE—RECEIVE MEDICAL ATTENTION FOR NONFATAL INJURIES ANNUALLY.<sup>4</sup>

**ACCORDING TO THE NATIONAL SAFETY COUNCIL, FALLS ARE THE LEADING CAUSE OF NONFATAL EMERGENCY DEPARTMENT VISITS IN THE U.S., ACCOUNTING FOR NEARLY 8.7 MILLION NONFATAL INJURIES EACH YEAR.<sup>5</sup>**

An accidental injury<sup>6</sup> is an injury to your body solely caused by and resulting from a sudden, unexpected and unforeseen event. An accident<sup>7</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—and may keep you from working.

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***assure*.

<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>3</sup>National Safety Council, Injury Facts, <https://www.nsc.org/membership/member-resources/injury-facts>, 2019.

<sup>4</sup>National Safety Council, All Injuries, <https://injuryfacts.nsc.org/all-injuries/overview/>, 2019.

<sup>5</sup>National Safety Council, Top 10 Preventable Injuries, <https://injuryfacts.nsc.org/all-injuries/deaths-by-demographics/top-10-preventable-injuries/>, 2019.

<sup>6</sup>An accidental injury means all bodily injuries solely caused by and resulting from an accident. Accidental injury does not include injury as a direct or indirect result 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>7</sup>An accident means a sudden, unexpected and unforeseen event.

# 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<sup>assure</sup> 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<sup>assure</sup> pays these benefits to the insured for injuries from a covered accident.

LEVEL 1

LEVEL 2

	LEVEL 1	LEVEL 2
<b>Inpatient hospital confinement</b> <i>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</i>	\$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
<b>Ambulance</b> <i>pays one lump sum for each covered accident within 72 hours of the covered accident</i>		
Ground ambulance:	\$150	\$250
Air ambulance:	\$1,000	\$1,500
<b>Emergency room services</b> <i>pays one amount per 24-hour period within 72 hours of the covered accident</i>		
Adult:	\$300	\$500
Child(ren):	\$200	\$350
<b>Transportation</b> <i>helps cover the costs when an insured person must travel to receive inpatient care more than 100 miles from the accident site or his/her residence; the benefit is payable for up to three trips per insured each calendar year</i>	\$400	\$600
<b>Family lodging</b> <i>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</i>	\$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> <i>helps cover expenses for up to eight visits per insured for each covered accident</i>	\$30 per visit	\$50 per visit
<b>Medical imaging</b> <i>for CT, MRI and EEG exams; pays a one-time benefit per insured for each covered accident</i>	\$150	\$200
<b>Medical appliances</b> <i>for wheelchairs, walkers, crutches, leg braces or back braces; is payable one time per insured for each covered accident</i>	\$100	\$125
<b>Prostheses</b> <i>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</i>	\$500	\$750
<b>Blood and plasma</b> <i>is available one time per covered accident, regardless of the number of units received</i>	\$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	<input type="checkbox"/> LEVEL 1	<input type="checkbox"/> LEVEL 2	
<b>Fracture</b>	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, collar bone 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
	<b>Dislocation</b> <i>first complete or partial dislocation only</i>	Hip	\$2,200
Knee (not kneecap)		\$1,600	\$ 2,100
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
<b>Laceration requiring sutures</b> <i>combined length</i>	More than 5 inches	\$ 300	\$ 400
	2 to 5 inches	\$ 150	\$ 200
	Up to 2 inches	\$ 75	\$ 100
<b>Injuries requiring surgery</b>	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		
	During first year of coverage	\$ 150	\$ 200
	After first year of coverage	\$ 600	\$ 800
	Hernia		
During first year of coverage	\$ 150	\$ 200	
After first year of coverage	\$ 300	\$ 400	
<b>Paralysis</b>	Paraplegia	\$5,000	\$10,000
	Quadriplegia	\$6,250	\$12,500
<b>Burn</b>	Second- or third-degree burn	\$ 900	\$ 1,200

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

## Accidental dismemberment benefits

ACCIDENT<sup>assure</sup> 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.

### □ LEVEL 1

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

### □ LEVEL 2

TYPE OF DISMEMBERMENT	POLICYOWNER AND SPOUSE	CHILD(REN)
One finger or toe	\$ 2,000	\$ 500
More than one finger and/or toe	\$ 2,500	\$ 1,000
One eye, hand, foot, arm or leg	\$ 12,000	\$ 3,000
More than one eye, hand, foot, arm or leg	\$ 40,000	\$10,000

## Accidental death benefit

ACCIDENT<sup>assure</sup> 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

### □ LEVEL 2

TYPE OF ACCIDENT	POLICYOWNER AND SPOUSE	CHILD(REN)
Common carrier <sup>1</sup>	\$ 150,000	\$37,500
Motorized vehicle or pedestrian <sup>2</sup>	\$ 125,000	\$31,250
Accidental death <sup>3</sup>	\$ 75,000	\$18,750

<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.



## RIDERS Q & A

### What is the benefit of the Sickness Disability rider?

If you become ill and have to miss work, this rider can pay you monthly income for up to a year. Benefits can help replace lost wages, cover medical or living expenses, or take care of other needs.

### Why choose the Waiver of Premium rider?

If you're disabled and can't work, you may worry about keeping your employer-sponsored insurance. With this rider, your ACCIDENTASSURE policy won't lapse.

## Coverage for the **everyday things**

When you're injured in an accident, you still face everyday expenses. Utility bills, mortgage payments and other household expenses—not to mention medical bills—still need to be paid. Accident disability coverage can help cover them.

### Accident disability coverage

*\$500, \$1,000, \$1,500 or \$2,000 per month<sup>1</sup>*

Coverage is available for up to 12 months and is guaranteed renewable to age 70.

### Choose from **two options**:

- OFF-THE-JOB ACCIDENT TOTAL DISABILITY BENEFIT<sup>2</sup>**  
Covers you when you have an accident outside of work and you become disabled.
- 24-HOUR ACCIDENT SHORT-TERM DISABILITY BENEFIT<sup>2</sup>**  
Covers you 24 hours a day, even while you're at work.

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### Enhance your disability coverage with these **optional riders**<sup>3</sup>

- SICKNESS DISABILITY RIDER<sup>1</sup>**  
*Choose your benefit: \$500, \$1,000, \$1,500 or \$2,000 per month<sup>1</sup>*  
These benefits are payable when you become totally disabled due to sickness for up to 12 months. Benefits begin on the 15th day of sickness. This rider is available only when accident disability coverage is purchased.
- WAIVER OF PREMIUM RIDER**  
This rider waives premiums on your base policy and all riders beginning the first of the month a disability period begins and ending the first of the month after a disability period ends. This rider is available only when accident disability coverage is purchased.

<sup>1</sup>Available coverage levels depend on your income. Premiums are based on the coverage level selected.

<sup>2</sup>The policyowner must be disabled within 90 days of a covered accident, be cared for on a regular basis by a physician (at least monthly), be employed at least 18 hours per week at the time of the covered accident. If the policyowner becomes totally disabled again due to the same type of bodily injury within six months of the end of a period during which the policyowner was totally disabled, we will treat this disability as the same disability.

<sup>3</sup>There is an additional cost for these optional riders.

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>4</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*

INJURY CAUSE	TREATMENT	DIAGNOSIS	BENEFIT	AMOUNT <sup>5</sup>
Fall	Doctor office visit, X-ray (to check for fracture), and pain medication	Arm pain and NO fracture	Physician's office visit benefit	\$50
			Physician's Office Additional Benefit rider	\$200
			<b>TOTAL BENEFIT</b>	<b>\$250</b>

### *Example 2*

INJURY CAUSE	TREATMENT	DIAGNOSIS	BENEFIT	AMOUNT <sup>5,6</sup>
Fall	Doctor office visit, X-rays (to check for fracture and verify bone is set correctly), cast, sling and pain medication	Arm pain and fracture	Physician's office visit benefit	\$50
			Physician's Office Additional Benefit rider	\$50
			Fracture	\$1,600
			<b>TOTAL BENEFIT</b>	<b>\$1,700</b>

## **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>4</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>5</sup>This information is provided for illustration purposes only. Benefit examples are based on level 2 coverage.

<sup>6</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 contributed to, caused by or resulting from your being exposed to war or any act of war (declared or not); participating in or contracting with the armed forces (including Coast Guard) of any country or international authority<sup>1</sup>; 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; operating, learning to operate, serving as a crew member on or jumping or falling from any aircraft, including those that are not motor-driven; hang-gliding, bungee jumping, parachuting, sail-gliding, parasailing, parakiting or mountaineering; being legally intoxicated or so intoxicated that mental or physical abilities are seriously impaired; being under the influence of any illegal drugs or being under the influence of any narcotic, unless such narcotic is taken under the direction of a physician; participating or attempting to participate in an illegal act; working at an illegal job; participating in any sporting event for 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.

Sickness Disability rider: We will not pay benefits for loss contributed to, caused by, or resulting from you having any sickness or conditions not otherwise excluded by name or specific description which was diagnosed by or for which you consulted a physician within 12 months prior to the date you become insured under this rider. Benefits will not be paid for such sickness or condition which occur during the first 12 months after the date you become insured under this rider.<sup>2</sup> The policyowner must be employed at least 18 hours a week at the time the sickness is diagnosed, be totally disabled and be cared for on a regular basis by a physician (at least monthly). A same sickness occurring within 6 months of the end of the disability period will be treated as the same disability. A 14-day elimination period applies to each sickness.

We will not pay for loss contributed to, caused by or resulting from your normal pregnancy; having a behavioral or psychological disorder, disease or syndrome without demonstrable organic origin; alcoholism, drug abuse or chemical dependency.

We will not pay for loss contributed to, caused by or resulting from your cosmetic/plastic surgery that is not for the diagnosis or treatment of covered sickness based upon generally accepted medical practice and that is not medically necessary. The following procedures are not covered under any circumstances, even if performed for the diagnosis or treatment of a covered sickness or considered medically necessary: abdominoplasty (tummy tuck), mammoplasty (breast enlargement), rhinoplasty (nose job) or suction-assisted lipectomy (liposuction). Complications from any cosmetic/plastic surgery are not covered.

We will not pay for loss contributed to, caused by or resulting from your elective surgery that is not for the diagnosis or treatment of a covered sickness based upon generally accepted medical practice and that is not medically necessary. Gastric bypass surgeries are not covered under any circumstances, even if performed for diagnosis or treatment of a covered sickness or considered medically necessary. We also will not cover voluntary abortion (except where the policyowner would be endangered if the fetus were carried to term or where medical complications have arisen from abortion) or sex changes. Complications from any elective surgery are not covered.

No postpartum benefits are paid for any postpartum disability under the disability benefits.

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 off the job or from nonconventional firearms. A conventional firearm is defined as a weapon that uses explosive powder to propel metal (usually lead) projectile. Weapons include handguns, rifles, shot guns and automatic weapons.

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 as the result of an accidental injury or sickness.

A hospital is not a bed, unit or facility that functions as a skilled nursing facility, nursing home, extended care facility, 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. Disability premiums are based on the industry class and benefit amount 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.

Disability benefits/riders are available only to the policyowner. Spouse/children are not covered under any disability benefits/rider.

<sup>1</sup> Acts of terrorism are excluded from the definition of war.

<sup>2</sup> Routine follow-up care to determine whether breast cancer has recurred in an insured who was previously determined to be breast cancer free does not constitute medical advice, diagnosis, care or treatment for purposes of determining preexisting conditions, unless evidence of breast cancer is found during or as a result of the follow-up care.

Policy form: CIC1022FL

Rider series:

Physician's Office Additional Benefit rider: R1058FL

Public Safety rider: R1022PSFL

Sickness Disability rider: R1022SDFL

Waiver of Premium rider: R1057FL

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