



Accident

CHUBB®

Workplace Benefits

For employees of
Western Anesthesiology



**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, including sports-related accidents. An injury that hurts an arm or a leg can hurt your finances too. That's where Chubb Accident can help.

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

Good things in life happen every day, and unfortunately, accidents happen too. When they do, we can help protect you.

Chubb Accident 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 Benefits Work:

Chubb Accident helps pay for unexpected costs of accidental injury. If your child breaks a leg at soccer practice here's how benefits may stack up:

The Sports Package increases the total benefit payment by \$520.

First Accident	\$ 100
Ambulance	\$ 200
ER Visit	\$ 100
X-Ray	\$ 30
Fracture	\$ 750
Crutches	\$ 100
Physical Therapy	\$ 500
Follow-up Visits	\$ 150
Subtotal	\$ 1,930
PLUS Sports Package	\$ 483
Total Payment	\$ 2,413

This example is for illustrative purposes only and should not be compared to an actual claim. Whether an injury is covered depends on the circumstances of the loss. Refer to the certificate of insurance or policy for terms and conditions.



Schedule of Benefits – 24-Hour Coverage

Platinum Plan

Initial Care	Follow-up Care & Treatment (cont'd)	Additional Benefits
Ambulance <i>Ground</i> \$200 <i>Air</i> \$2,000 Emergency Room \$100 Initial Doctor's Office Visit \$50 Urgent Care \$75 Emergency Dental <i>Crown</i> \$300 <i>Extraction</i> \$75	Major Diagnostic Exam \$150 <i>(CT, MRI, etc.)</i> Organ Loss \$2,500 Outpatient Surgery Facility \$25 Physical Therapy \$50 <i>per visit, up to 10 visits</i> Prosthetics \$1,000 Tendon, Ligament, or Rotator Cuff Surgery \$500 Transportation \$500 <i>For treatment 100 miles or more away; per trip, up to three trips</i> X-ray \$30	First Accident \$100 <i>Once per policy</i> Accidental Death <i>Employee & Spouse</i> \$20,000 <i>Child</i> \$4,000 Catastrophic Accident Prior to age 70 <i>Employee & Spouse</i> \$25,000 <i>Child</i> \$12,500 On or after age 70 50% Family Care \$25 <i>For each child in a child care center: Per day, up to 30 days</i>
Hospital and Rehabilitation	Injuries	Sports Package Benefits
Hospital Admission \$1,000 ICU Admission \$2,000 Rehabilitation Admission \$1,000 Hospital Confinement \$225 <i>per day, up to 365 days</i> ICU Confinement \$450 <i>per day, up to 30 days</i> Rehabilitation Confinement \$135 <i>per day, up to 30 days</i> Recovery \$75 <i>per day, up to seven days</i>	Burns <i>Level 1</i> \$1,000 <i>Level 2</i> \$2,000 <i>Level 3</i> \$10,000 Skin Graft 25% of the burn benefit Coma \$10,000 Dislocations <i>Open reduction, up to</i> \$4,400 <i>Closed reduction, up to</i> \$2,200 Eye \$250 Fractures <i>Open reduction, up to</i> \$5,000 <i>Closed reduction, up to</i> \$2,500 Herniated Disc \$500 Knee Cartilage – Torn \$500 Lacerations \$30-\$400 Loss of Hands, Feet or Sight, <i>up to</i> \$14,000 Loss of Fingers or Toes, <i>up to</i> \$1,500	Wellness \$25 <i>Per person, once per year; 90 day waiting period</i> <i>Increases total benefit by 25% when accident is due to participation in organized sports. Up to \$1,000 per person per year.</i>
Follow-up Care & Treatment		
Abdominal or Thoracic Surgery \$1,500 Appliances \$100 Blood, Plasma, Platelets \$300 Chiropractic Care \$25 <i>per visit, up to three visits</i> Concussion \$100 Follow-up Treatment \$50 <i>per visit, up to three visits</i> Lodging \$125 <i>For treatment 100 miles or more away; per night, up to 30 nights</i>		

Benefits may vary by state. Benefits are paid once per accident unless otherwise noted.



You do everything
you can to keep
your family safe,
but accidents
happen, and when
they do, it's good to
know Chubb has
you covered.

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

Accident Benefits Summary

Name: _____

Type of Coverage _____

- ☐ Employee
☐ Employee + Spouse
☐ Employee + Child(ren)
☐ Family

Payroll Deduction \$ _____

Exclusions & Limitations

This is Accident-Only Insurance.

No benefits will be paid for services rendered by a member of the Immediate Family of a Covered Person.

No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

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. (not applicable with Form No. 14185)

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

This document is a brief description of Form Nos. C14059R or 14185 (or applicable state version). Refer to your certificate of insurance or policy for specific details about benefits, exclusions and limitations.

Chubb. Insured.SM

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