



# ACHIEVE

YOUR BEST HEALTH

**Supplemental Accident  
Only Contract**

[PreferredOne.com](https://PreferredOne.com)

**PreferredOne®**

# Accident Only Contract

## Accidents Happen

Now you can protect your family from unforeseen medical costs due to accidental injuries by choosing an optional Accident Only Contract to reduce your out-of-pocket expenses.

## Reduce Your Medical Costs

One way to lower your health insurance premium is to choose a higher deductible. This choice just became smarter with the supplemental Accident Only Contract. The Accident Only Contract adds an additional layer of financial protection in the event of unexpected injuries.

- The Accident Benefit is paid directly to you to cover your medical out-of-pocket expenses relating to accidental injuries.
- Pays 100% of covered medical expenses after satisfaction of the \$250 deductible (per covered person, per accident) up to the Maximum Benefit Option Selected.
- Your choice of Maximum Benefit Options: \$2,500 or \$5,000 (per covered person, per accident).
- Available only as a supplement to your PreferredOne individual health contract.
- Choose the Accident Only Contract to supplement your medical plan at the time of initial enrollment or during open enrollment.

## Monthly Accident Only Contract Premium

	INDIVIDUAL	FAMILY
<b>\$2,500 Accident Benefit</b>	\$12.29	\$26.13
<b>\$5,000 Accident Benefit</b>	\$16.91	\$39.54

The premium rate includes a \$5.00 monthly administration fee.

Note: The accident benefit you select cannot be greater than your plan's medical out-of-pocket.

Unexpected injuries can have a negative impact on your budget. A simple wrist fracture can cost \$950. However, if it requires surgery, it can cost over \$8,500.

## Savings Examples with the Accident Only Contract

	MEDICAL PLAN WITHOUT ACCIDENT CONTRACT	MEDICAL PLAN WITH \$2,500 ACCIDENT ONLY CONTRACT
Medical Plan Deductible	\$7,000	\$7,000
Example Cost of Knee or Lower Leg Injury without Surgery	\$2,672	\$2,672
Accident Only Contract Benefit (minus \$250 accident deductible)	\$0	\$2,422
<b>YOUR OUT-OF-POCKET COST</b>	<b>\$2,672</b>	<b>\$250</b>

**Individual Insurance Application Form**

P.O. Box 59212  
Minneapolis, MN 55459-0212  
763.847.4477 1.800.997.1750

**This contract is sold only with a PreferredOne Insurance Company individual medical insurance contract.**

**AGENT INFORMATION**

Agent Name

**OFFICE USE ONLY**

Application ID#

**MEMBER INFORMATION**

Last Name (Legal Name)		First Name	MI	Date of Birth	Social Security Number	
Street Address/Apt/No			City		State	Zip
Occupation	Telephone Number: Home			<input type="checkbox"/> Married	<input type="checkbox"/> Male	
				<input type="checkbox"/> Single	<input type="checkbox"/> Female	

The accident only contract will cover the subscriber and dependents who are approved and issued coverage under a PreferredOne Insurance Company Individual contract. This is an excess benefit plan. This plan provides benefits after any other health plan that you or any of your covered dependents may have.

**MAXIMUM BENEFIT AMOUNT OF ACCIDENT ONLY COVERAGE**

I am applying for one (1) of the following Maximum Benefit Amounts\* per covered person per accident. The Maximum Benefit Amount\* I select cannot be greater than the participating provider out of pocket limit on my PreferredOne Insurance Company Individual contract, if there is one or, if there is not, then the combined out-of-pocket limit on participating provider and non-participating provider benefits on my PreferredOne Insurance Company Individual contract. Please select one of the Maximum Benefit Amounts listed below.

*Maximum Benefit Amount	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000
Deductible per covered person per accident	\$250	\$250

**EXCLUSIONS & LIMITATIONS:**

**WE WILL NOT PAY BENEFITS FOR ANY LOSS OR INJURY THAT IS CAUSED BY, RESULTS FROM, OR IS CONTRIBUTED TO BY:**

- Preventive services.
- Services for any sickness including, the medical or surgical treatment or diagnoses of them, including a) any condition resulting from an insect, arachnid or other arthropod bites or stings, and b) any condition resulting from an error, mishap or malpractice during, or as an abnormal reaction to, medical, diagnostic or surgical treatments or procedures for any sickness, and c) any bacterial, viral or microorganism infection not directly related to an accidental injury.
- Services or amounts that are excluded from coverage or not payable under the required accompanying PIC individual contract, except that this contract will pay benefits based on your financial responsibility for deductibles, copayments and coinsurance, as those terms are defined in the required accompanying PIC individual contract, if such losses are otherwise eligible for coverage under this contract.
- Injury that occurs while you are working at any job for pay or benefits.
- Services for treatments involving conditions caused by repetitive motion injuries, bursitis, strains, tendonitis or other cumulative trauma or other conditions not resulting from a specific accidental injury.
- Any intentionally self-inflicted injury, whether you are sane or insane, and whether or not you were under the influence of alcohol or any other substance.
- Expenses, services or supplies for which you are not legally required to pay in the absence of this contract.
- Services for bodily injury received while a) operating a motor vehicle under the influence of alcohol or an illegal substance, as evidenced by a blood alcohol level in excess of the state legal intoxication limit or testing positive for an illegal substance; or b) voluntarily using any drugs, including but not limited to prescription drugs, over-the-counter drugs, sedatives, narcotics, barbiturates, amphetamines, or hallucinogens (unless administered on the advice of a physician and taken according to the physician's instructions); or c) Voluntarily taking any kind of poison or inhaling any kind of gas or fumes, or otherwise voluntarily ingesting any other deleterious substance; or d) fighting, except in self-defense, or e) committing or attempting to commit an illegal act.
- Services for bodily injury received while riding or driving in any organized race or speed contest, or testing any vehicle on tracks, speedways or proving grounds, or participating in or practicing for in any way the sports of hot air ballooning, parachute jumping, hang gliding, bungee jumping, rodeo, spelunking, or climbing or scaling rocks, cliffs, mountain walls or icebergs.
- Services for bodily injury resulting from a) air travel or entering or exiting any aircraft, including ultra lights and hang gliders, except to the extent you are a fare-paying passenger on a commercial airline. A commercial airline does not include any aircraft owned, operated or leased by you or on your behalf; or b) spacecraft or any craft designed for navigation above or beyond earth's atmosphere; or c) on a rocket propelled/launched aircraft or on any flight that requires a special government permit or waiver. — Continued on next page.

11. Services for bodily injury incurred while driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles. 12. Services for bodily injury incurred while participating in or practicing for any martial art, mixed martial art or similar organized fight sports activity including but not limited to boxing, wrestling, karate, judo, fighting, kick boxing or similar disciplines. 13. Services for bodily injury incurred while participating in or practicing for any professional, semi-professional or intercollegiate sports activity. 14. Services for bodily injury incurred while handling, storing or transporting explosives or fireworks. 15. Diagnosis or treatment through chiropractic services. 16. Dental services and related anesthesia, and dental appliances including but not limited to mouth guards, orthotics, orthodontics and bite plates, except for services to sound teeth to the extent resulting directly from an accidental injury. 17. Services received while outside the United States. 18. Services related to any accident that occurs while on active duty in any armed forces of any country. 19. Services related to any accident or injury incurred while using unlawful force to intimidate others or engaging in riots, terrorism, terroristic acts, or acts of war, declared or undeclared. 20. Cosmetic surgery, except for reconstructive surgery as a direct result of an accidental injury. 21. Any amount in excess of the PIC non-participating provider reimbursement value.

**Premium Payments** (including an administration fee) will be added to and included with the premium for the PreferredOne Insurance Company Individual contract.

**REPRESENTATION AND AGREEMENT:**

I authorize any insurer, Medicare or Medicaid program, pharmacy, health benefit plan manager or administrator, physician, medical practitioner, hospital, clinic, veterans' administration facility, third-party database provider, medically related organization or entity, PreferredOne Insurance Company and its affiliates (PreferredOne Community Health Plan and PreferredOne Administrative Services, Inc. (PAS)), who has treated me or has claim history (other than claim history that PAS obtained acting in its capacity as a preferred provider organization) or medical information about me, to release to PreferredOne Insurance Company information as to consultation, diagnosis, treatment and prognosis with respect to any of my physical or mental conditions for insurance underwriting and plan administration purposes. I further agree to authorize, execute and submit all authorizations and releases required by any insurer, Medicare or Medicaid program, pharmacy, health benefit plan manager or administrator, physician, medical practitioner, hospital, clinic, veterans' administration facility, third-party database provider, or medically related facility who has treated me or has claim history or medical information about me, to release to PreferredOne Insurance Company information as to consultation, diagnosis, treatment and prognosis with respect to any of my physical or mental conditions for insurance underwriting purposes and/or plan administration purposes. These authorizations exclude the release of information about HIV (AIDS virus) tests that were administered: 1) to a criminal offender or crime victim as a result of a crime that was reported to the police; 2) to a patient who received the services of emergency medical personnel at a hospital or medical facility; or 3) to emergency medical personnel who were tested as a result of performing emergency medical services. This authorization also excludes psychotherapy notes.

This authorization will remain valid as long as I am continually covered by the accident only plan in which I am enrolling with this application form. I agree that a copy of this authorization will be valid as the original. Information released pursuant to this authorization is released to an entity subject to the Health Insurance Portability and Accountability Act (HIPAA). This authorization may be revoked at any time by submitting a written revocation to PreferredOne Customer Service. Such revocation will not affect actions taken prior to the revocation. Because such authorizations are for insurance underwriting, risk rating, enrollment and plan administration purposes, revocation of this authorization or failure to give an authorization requested by PIC may result in denial or termination of coverage or denial of claims.

I represent to the best of my knowledge and belief that the answers to the questions and statements made on this application are true and complete and agree that any telephone conversations required to clarify information on this application will become a part of this application.

I agree to notify PreferredOne Insurance Company of any change and I understand that I must update this form and resubmit it if anything changes that affects the information on this form between submission of the form and effective date of coverage. I understand and agree that PreferredOne Insurance Company will act in reliance upon the information I have provided herein. I understand that providing false information or omitting relevant information on this application form that materially affects the acceptance of risk or hazard assumed by PreferredOne Insurance Company may result in denial of claims, retroactive or prospective cancellation of coverage, non-renewal of coverage or an increase in premiums, and may be considered intentional misrepresentation or insurance fraud.

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Applicant's signature	Date	Print full name
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Agent's signature (if applicable)	Date	Print full name
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