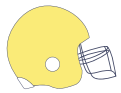
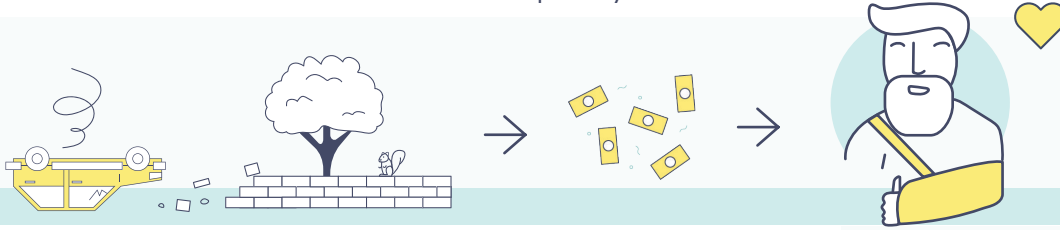


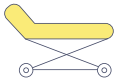
Accident Defender

Accidents happen. When they happen to you, make sure that you're protected with an Accident Defender policy from Triada.



Sports Package

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



Rehabilitation Package

We pay cash benefits for Admission, Daily Confinement and Recovery. It doesn't matter whether you are released to a Rehabilitation Center after a hospital stay or if you recover at home, we will pay you a daily recovery benefit to help with your transition.

FEATURES

Guaranteed Issue. We won't review your medical history before deciding whether or not to issue a policy.

Guaranteed Renewable. Your coverage cannot be canceled as long as your premiums are paid on time.

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

WHO IS ELIGIBLE?

Employees. Are you actively employed, between the ages of 18 and 70 and working at least 17.5 hours? If so, then you qualify!

Spouse. Are you married? Then your spouse is eligible for this policy too (as long as they're over 18 years old).

Dependent children/grandchildren. Yup, we cover your children and depends as well. Ages 0 to 26, no student status required, coverage will continue for incapacitated dependent children regardless of age.

Exclusions & Limitations

This is Accident-Only Insurance. We will not pay benefits for losses that are caused or contributed to by, or are the result of:

1. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
2. any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any Injury. This exclusion does not apply to the Sickness Hospital Confinement Rider or the Health Screening Benefit Rider;
3. active service in any of the armed forces, or units auxiliary thereto, including the National Guard or any Military Reserve;
4. repetitive stress or motion disorders caused by overuse or degenerative changes;
5. driving any taxi, limousine, bus or personal vehicle of any kind when used to transport fare-paying passengers;
6. mental or nervous disorders;
7. alcoholism or drug addiction;
8. ingestion or use of any substance or drug unless taken as prescribed by a Physician. This does not apply to accidental ingestion of substances by Children under the age of 5;
9. while incarcerated or detained in a penal institution of any kind, including house arrest and/or work furlough;
10. the Insured working for pay or profit

Questions about this policy? Need to file a claim?

Visit us online at www.triada.com

Your Triada Agent:

Joe Gonsalves
949-521-4267
joe.gonsalves@triada.com

This document is a brief description of Policy Form No. 141850CA. Refer to the policy for specific details about benefits, exclusions and limitations. This is a supplement to health insurance and is not a substitute for Major Medical or other minimal essential coverage. If a covered individual is a Medi-Cal recipient, policy benefits may be assigned and payable to your Medi-Cal agency. Also, benefit payments you receive may count as income for Medi-Cal eligibility purposes



Accident Defender

Accident-only insurance for members of the CCPOA, Non-custody and Contractors

Schedule of Benefits

24-hour coverage

STANDARD & PREMIER Plans

| EMERGENCY ROOM | | Standard | Premier | | |
|--|--|----------|----------|--|------------|
| Emergency Room Treatment: | Within 72 hours after a covered accident. | \$150 | \$300 | Physician Follow-Up Care: Within 180 days of the covered accident. Payable twice per covered accident. | \$75 \$150 |
| HOSPITAL CARE | | Standard | Premier | | |
| Hospital Admission: | Within 6 months after the covered accident | \$1,000* | \$3,000* | Spinal Manipulation: Payable for 1 visit per day, up to a maximum of 5 visits per 12 month period, regardless of the number of covered accidents. | \$25 \$45 |
| Hospital Intensive Care Admission | | \$1,500* | \$6,000* | Therapy Services – Occupational, Physical and Speech: Maximum of 10 visits per covered accident and completed within 2 years after the covered accident. | \$25 \$45 |
| *Only one admission benefit is payable once per covered either hospital or intensive care admission. | | | | | |
| Hospital Confinement: | Per Day up to 365 days. Within 6 months after the covered accident. | \$200 | \$750 | | |
| Hospital Intensive Care Confinement: | Per Day up to 30 days. Within 30 days after the covered accident | \$400 | \$1,500 | | |
| Lodging: | Per Day up to 30 days per covered accident for companion. Hospital must be more than 100 miles round trip from the residence of the insured. | \$150 | \$300 | | |
| Transportation: (Insured Only) | Up to 3 round trips per covered accident. Insured must travel more than 100 miles round trip for treatment. | \$600 | \$900 | | |
| "Rehabilitation Unit Confinement: | Per Day up to 15 days per covered accident, max of 30 days per Plan Year." | \$100 | \$225 | | |
| DIAGNOSTIC IMAGING | | Standard | Premier | | |
| Medical Imaging: | For CT scan, MRI or EEG as the result of a covered accident. | \$200 | \$300 | | |
| X-Rays: | Payable for diagnosis and treatment of injuries received as the result of a covered accident. | \$0 | \$75 | | |
| EMERGENCY CARE | | Standard | Premier | | |
| Air Ambulance: | Within 48 hours after the covered accident. | \$0 | \$1,500 | | |
| Ground Ambulance: | Within 90 days after the covered accident. | \$0 | \$300 | | |
| Appliance: | Within 90 days after the covered accident. For personal locomotion or mobility. | \$100 | \$150 | | |
| Blood, Plasma, Platelets: | Within 90 days after the covered accident. | \$300 | \$300 | | |
| Physician Office – Initial Visit: | Within 60 days of a covered accident.** | \$75 | \$75 | | |
| Urgent Care – Initial Visit: | Within 60 days of a covered accident.** | \$75 | \$75 | | |
| **Either Physician or Urgent Care benefit is payable once per covered accident. | | | | | |
| SURGERY | | Standard | Premier | | |
| "Outpatient Surgery Facility Service: | Torn Knee Cartilage, Ruptured Disc, Tendon / Ligament / Rotator Cuff." | \$300 | \$300 | | |
| Abdominal or Thoracic with repair: | Within 72 hours of a covered accident. | \$1,500 | \$1,500 | | |
| Abdominal or Thoracic without repair: | Within 72 hours of a covered accident. | \$150 | \$150 | | |
| Hernia: | Diagnosed within 30 days and repaired within 90 days of the covered accident. | \$150 | \$150 | | |
| CONTINUING CARE | | Standard | Premier | | |
| "Epidural Pain Management: | Within 6 months after the covered accident. Payable once per 12 month period." | \$100 | \$150 | | |
| SPECIFIC LOSS | | Standard | Premier | | |
| Laceration: | Repaired by a physician within 72 hours after the covered accident. | | | | |
| Laceration(s) treated without stitches, staples or glue | | \$60 | \$75 | | |
| Total of all Lacerations is not more than 3 inches long and repair by stitches. | | \$75 | \$150 | | |
| Total of all Lacerations is greater than 3 inches but not more than 5 inches and repaired. | | \$300 | \$600 | | |
| Total of all Lacerations is greater than 5 inches and repaired by stitches. | | \$600 | \$1,200 | | |
| Concussion: | Diagnosed by a physician within 72 hours after the covered accident. | \$150 | \$450 | | |
| Eye Injury: | Within 90 days after the covered accident | \$300 | \$750 | | |
| Coma: | Unconscious for 30 consecutive days if as a result of a covered accident. | \$10,000 | \$15,000 | | |
| Gunshot Wound: | Treated in a hospital by a physician as the result of a covered accident. | \$0 | \$3,000 | | |
| Organized Sports: | Pays an additional 25% of the total benefit paid for the covered accident up to this amount. Payable once per 12 month period per insured. | \$0 | \$1,500 | | |
| EMERGENCY DENTAL WORK | | Standard | Premier | | |
| Broken teeth repaired with crown(s) | | \$300 | \$450 | | |
| Broken teeth resulting in extraction(s) | | \$100 | \$150 | | |
| BURNS | | Standard | Premier | | |
| Burns: | Treated by a physician within 72 hours after the covered accident. | | | | |
| Skin grafts: | Pay 25% of the applicable Burn benefit if an Insured receives a skin graft for a burn for which a benefit was paid under the Burn benefit of this Policy. We will pay this amount once per covered accident. | | | | |
| 2nd degree burns which cover at least 36% of the body | | \$1,000 | \$2,250 | | |
| 3rd degree burns which cover at least 9 square inches of the body but less than 35 square inches. | | \$2,500 | \$4,500 | | |
| 3rd degree burns which cover 35 or more square inches of the body. | | \$10,000 | \$30,000 | | |
| PROSTHETIC DEVICE/ARTIFICIAL LIMB: WITHIN ONE YEAR OF THE COVERED ACCIDENT | | Standard | Premier | | |
| One | | \$750 | \$750 | | |
| More than one | | \$1,500 | \$1,500 | | |
| Ruptured Disc: | Treated by a physician within 60 days and repaired through surgery within 1 year after the covered accident. | \$800 | \$1,500 | | |

Continued on Next Page

Accident Defender

Accident-only insurance for members of the CCPOA, Non-custody and Contractors

Schedule of Benefits Continued

| TENDON, LIGAMENT, ROTATOR CUFF: WITHIN ONE YEAR OF THE COVERED ACCIDENT | Standard | Premier |
|---|----------|----------|
| Repair of one | \$800 | \$1,800 |
| More than one | \$1,200 | \$2,700 |
| Exploratory without repair | \$150 | \$450 |
| TORN KNEECARTILAGE | Standard | Premier |
| *Treated by a physician within 60 days and repaired through surgery within one year after the covered accident. | | |
| Surgery with repair | \$750 | \$2,250 |
| Exploratory surgery | \$150 | \$450 |
| DISLOCATIONS – DIAGNOSED BY A PHYSICIAN WITHIN 90 DAYS AFTER THE COVERED ACCIDENT. | Standard | Premier |
| Hip, up to: | \$6,000 | \$12,000 |
| Knee (except Patella), up to: | \$3,000 | \$6,000 |
| Ankle – Bones or Bones of Foot (not toes), up to: | \$2,400 | \$4,800 |
| Collarbone (Sternoclavicular), up to: | \$1,200 | \$3,000 |
| Lower Jaw, Shoulder (Glenohumeral), Elbow, Wrist or Bone or Bones of the Hand (not Fingers), up to (each): | \$900 | \$1,800 |
| Bone or Bones of the Hand (not Fingers), up to: | \$900 | \$1,800 |
| Collarbone (Acromioclavicular and separation), One Toe or Finger, up to: | \$300 | \$600 |
| FRACTURES | Standard | Premier |
| Skull – depressed fracture (except Bones of the Face or Nose): | \$7,500 | \$15,000 |
| "Skull – simple non-depressed fracture (except Bones of Face or Nose):" | \$3,000 | \$6,000 |
| Hip, Thigh (Femur) | \$4,500 | \$9,000 |
| Vertebrae, Body of (except Vertebral processes), Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx), and/or Leg: | \$2,400 | \$4,800 |
| Bones of Face or Nose (except Mandible or Maxilla), Upper Jaw – Maxilla (except Alveolar process) and/or Upper Arm between Elbow and Shoulder: | \$1,050 | \$2,100 |
| Lower Jaw – Mandible (except Alveolar process), Shoulder Blade or Collarbone (Scapula, Clavicle, Sternum), Vertebral Processes, Forearm, Hand, Wrist (except fingers), Kneecap (Patella), Foot (except Toes), and/or Ankle: | \$900 | \$1,800 |
| Rib | \$750 | \$1,500 |
| Coccyx: | \$600 | \$1,200 |
| Finger, Toe: | \$150 | \$300 |

| MAJOR INJURY | Standard | Premier |
|--|-----------|-----------|
| Accidental Death: Within 90 days from the date of a covered accident. | | |
| Employee | \$50,000 | \$150,000 |
| Spouse | \$20,000 | \$150,000 |
| Children | \$10,000 | \$60,000 |
| Accidental Death / Common Carrier: Within 90 days from the date of a covered accident. | | |
| Employee | \$150,000 | \$300,000 |
| Spouse | \$60,000 | \$300,000 |
| Children | \$30,000 | \$30,000 |
| Dismemberment: Within 90 days after the covered accident. | | |
| Loss of both hands, or both feet or the sight of both eyes or any combination of two or more listed: | \$15,000 | \$30,000 |
| Loss of one hand, or one foot or sight of one eye: | \$7,500 | \$15,000 |
| Loss of two or more fingers or two or more toes or any combination of two or more fingers and toes: | \$1,500 | \$3,600 |
| Loss of one finger or one toe: | \$750 | \$1,800 |
| Catastrophic Accident: Payable after a 365 day elimination period. | | |
| Employee (reduced by 50% at age 70) | \$100,000 | \$150,000 |
| Spouse (reduced by 50% at age 70) | \$50,000 | \$150,000 |
| Children | \$30,000 | \$30,000 |

How Accident Defender Benefits Work

Accident Defender will pay you a fixed amount of money if you suffer and require treatment for a wide variety of unforeseen injuries. You will get this payout regardless of your medical expenses.

Let's say you get injured playing flag football. Here's how your benefits might stack up:

| Premier Plan | |
|------------------------------|----------------|
| Ambulance | \$300 |
| ER Visit | \$300 |
| X-Ray | \$75 |
| Forearm Fracture | \$1,800 |
| Physical Therapy (10 visits) | \$500 |
| Follow-Up Visits | \$150 |
| Subtotal | \$3,125 |
| Plus Sports Package | + \$781 |
| Total Payment | \$3,906 |



Our Sports Package increases your benefit payment by 25% **BENEFIT INCREASE \$781**

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 policy for terms and conditions.

| Monthly Premiums | Standard | Premier |
|-----------------------|----------|---------|
| Employee Only | \$16.29 | \$19.41 |
| Employee + Spouse | \$30.42 | \$35.92 |
| Employee + Child(ren) | \$36.34 | \$41.86 |
| Family | \$40.47 | \$58.37 |



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