

Group Accident Expense Insurance

for Arc of East Central Iowa

Even with a good health insurance plan, a trip to the doctor or hospital can be expensive. Many people find themselves paying more out of their own pocket each year. If you or someone in your family are hurt in an accident, the last thing you want to think about is how you are going to pay for medical care.

Accident expense insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other expenses.

Group Accident Expense insurance **pays a benefit directly to you** when you receive treatment from a physician for a covered accident.

Key Features

- **Helps with out-of-pocket expenses** associated with covered accidents
- **No deductibles,** copays, coinsurance or networks - see any doctor
- **Guaranteed issue** – no medical exams or tests
- **Portable** – coverage continues if you retire or change jobs, as long as you pay the premiums

Know you and your family are protected.

It's easy — sign up today



Not available to residents of New York.

Group Accident Expense Benefits - 24-Hour

Forms G H1708/G H1708C (HSA Compatible)

Plan includes the benefits listed in the schedule below for a covered accident. Coverage is 24-Hour. All treatment must be provided or prescribed by a physician and is a payable only once per insured per accident unless otherwise noted. In most states, the term physician

Emergency Care Payable within 60 days of accident unless otherwise noted	Plan 1	Plan 2
Initial Accident Treatment One physician's office, urgent care or emergency room visit per accident within 60 days of accident for doctor's office and urgent care; within 30 days of accident for emergency room	**$100** - Dr Office **$100** - Urgent Care **$200** - ER	**$150** - Dr Office **$150** - Urgent Care **$300** - ER
Telemedicine Treatment	**$40**	**$60**
Ambulance Transport to or from hospital; pays one of the following	**$200** - Ground **$600** - Air	**$300** - Ground **$900** - Air
X-Rays	**$200**	**$300**
Diagnostic Exams CT, CAT, MRI or EEG	**$100**	**$150**
Blood, Plasma or Platelets Processing or transfusion	**$600**	**$900**
Emergency Room Observation Unit Held in hospital, without admission, after ER treatment	**$50** - 4-20 hrs. **$100** - 20+ hrs.	**$75** - 4-20 hrs. **$150** - 20+ hrs.

Supportive Care Benefits in this category only payable if Initial Accident Treatment or Telemedicine Treatment benefit was paid for same injury.		
Follow-Up Treatment Benefit paid per visit, up to 2 visits per accident	**$100**	**$150**
Physical, Occupational or Speech Therapy Benefit paid per visit, up to 6 visits per accident	**$60**	**$90**
Chiropractic/Acupuncture Treatment Benefit paid per visit, up to 6 visits per accident	**$60**	**$90**
Epidural Pain Management	**$100**	**$150**
Prescription Medication Other than while confined in hospital or nursing home; up to two per accident; up to six times per calendar year	**$10**	**$15**
Medical Supplies Over-the-counter; once per accident; up to three per calendar year	**$10**	**$15**
Appliances Rented or purchased, such as crutches or wheelchair	**$250**	**$375**
Prosthetic Devices Not including hearing or dental aids, eyeglasses or cosmetic devices	**$1,000** - One device **$2,000** - Multi. devices	**$1,500** - One device **$3,000** - Multi. devices
Residence/Vehicle Modification	**$1,000**	**$1,500**
Transportation For physician treatment 50+ miles from residence; up to three round trips per accident	**$200** - Ground **$500** - Air	**$300** - Ground **$750** - Air
Lodging For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	**$200** per day	**$300** per day

237057

GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE AND MAY CONTAIN REDUCTIONS OF BENEFITS, LIMITATIONS AND EXCLUSIONS. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/ certificate prevail. For complete benefits descriptions and conditions, see the policy/certificate.

Group Accident Expense Benefits - 24-Hour

Forms G H1708/G H1708C (HSA Compatible)

Specific Injury Care	Plan 1	Plan 2
Burns Pays a percentage of the burn benefit, where the percentage payable is based on degree of burn and percentage of body affected. **Burns — Skin Graft** - Pays 50 percent of the burn benefit.	**$1,000**	**$1,500**
Child Organized Sport Pays 10 percent of all other payable benefits resulting from injury of dependent child during amateur organized athletic competition or supervised practice for such	up to **$1,000** maximum.	up to **$1,000** maximum.
Coma Not medically induced or the result of drug or alcohol use	**$20,000**	**$30,000**
Concussion Not payable if traumatic brain injury benefit is paid	**$50**	**$75**
Dental Emergency Natural tooth treatment provided by a dentist	**$200** - Crown **$60** - Extraction	**$300** - Crown **$90** - Extraction
Dislocation Pays a percentage of the benefit for open reduction or closed reduction; where the percentage payable is based on the joint or bone affected and degree of dislocation	**$4,000** - Open reduction **$2,000** - Closed reduction	**$6,000** - Open reduction **$3,000** - Closed reduction
Ear Injury Resulting in hearing loss greater than 60 percent	**$200** once per lifetime	**$300** once per lifetime
Eye Injury Requiring surgery or removal of foreign object	**$200**	**$300**
Fracture Pays a percentage of the benefit for open reduction or for closed reduction, where the percentage payable is based on the joint or bone affected	**$4,000** - Open fracture **$2,000** - Closed fracture	**$6,000** - Open fracture **$3,000** - Closed fracture
Gunshot Wound Requiring hospitalization and surgery	**$1,000**	**$1,500**
Lacerations Pays a percentage of the benefit where the percentage payable is based on the length of laceration	**$100**	**$150**
Occupational HIV	**$600**	**$900**
Paralysis Lasting 90 or more days and diagnosed to be permanent; one paralysis benefit payable per lifetime	**$15,000** - Paraplegia **$30,000** - Quadriplegia	**$22,500** - Paraplegia **$45,000** - Quadriplegia
Poisoning	**$50**	**$75**
Post Traumatic Stress Disorder	**$400**	**$600**
Traumatic Brain Injury Diagnosed by CT, CAT, MRI, EEG, PET or X-Ray	**$600**	**$900**

237057

GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE AND MAY CONTAIN REDUCTIONS OF BENEFITS, LIMITATIONS AND EXCLUSIONS. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/ certificate prevail. For complete benefits descriptions and conditions, see the policy/certificate.

Group Accident Expense Benefits - 24-Hour

Forms G H1708/G H1708C (HSA Compatible)

Hospital Care

Daily benefit paid within 180 days of accident

	Plan 1	Plan 2
Hospital Admission Pays once per calendar year	$1,000	$1,500
Hospital Confinement Daily benefit paid up to 365 days per accident	$200	$300
Intensive Care Daily benefit paid up to 30 days per accident	$400	$600
Sub-Acute Intensive Care Daily benefit, paid up to 30 days per accident	$300	$450
Rehabilitation Unit Daily benefit paid up to 30 days per accident, 60 days per calendar year	$200	$300
Child Care during Hospital Confinement Daily benefit paid for the care of all dependent children by licensed provider while insured is confined to hospital; up to 30 days per accident	$40	$60

Surgical Care

Paid within 180 days of accident

Open Abdominal, Thoracic or Cranial Surgery Not including hernia	$2,000	$3,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	$1,000	$1,500
Ruptured Disc Surgery	$1,000	$1,500
Hernia Surgery	$500	$750
Exploratory Surgery Diagnostic arthroscopic or laparoscopic, not payable if any other surgery benefit is paid	$500	$750
Miscellaneous Outpatient Surgery Must require anesthesia; not payable if any other surgery benefit is paid	$200	$300
Anesthesia Administered for a payable surgery benefit	$200	$300

Wellness Benefit

Pays **$50** once per day, up to two times per insured per calendar year, subject to a maximum of four times for all insured persons per calendar year, for the following screenings or exams:

- Blood screening for triglycerides, cholesterol, HDL, LDL or fasting blood glucose
- Annual physical exam
- Routine eye exam
- Immunization

237057

GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE AND MAY CONTAIN REDUCTIONS OF BENEFITS, LIMITATIONS AND EXCLUSIONS. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/ certificate prevail. For complete benefits descriptions and conditions, see the policy/certificate.

Group Accident Expense Benefits - 24-Hour

Forms G H1708/G H1708C (HSA Compatible)

Accidental Death and Dismemberment Rider

Form R G1712C

	Plan 1	Plan 2
Accidental Death Benefit Not payable if Accidental Death-Common Carrier benefit is paid	**$40,000** - Employee **$20,000** - Spouse **$10,000** - Child	**$60,000** - Employee **$30,000** - Spouse **$15,000** - Child
Accidental Death Seatbelt Benefit Additional death benefit if seatbelt in use	**$10,000** - Employee **$5,000** - Spouse **$2,500** - Child	**$15,000** - Employee **$7,500** - Spouse **$3,750** - Child
Accidental Death - Common Carrier Benefit If fare-paying passenger on common carrier	**$100,000** - Employee **$50,000** - Spouse **$25,000** - Child	**$150,000** - Employee **$75,000** - Spouse **$37,500** - Child
Accidental Death - Children Education Benefit Additional benefit for dependent children enrolled in post-secondary educational institution	Pays **$1,000** per accidental death, per qualifying dependent	Pays **$1,500** per accidental death, per qualifying dependent
Accidental Dismemberment Benefit Pays a percentage where the percentage varies by body part	**$40,000** - Employee **$20,000** - Spouse **$10,000** - Child	**$60,000** - Employee **$30,000** - Spouse **$15,000** - Child

237057

GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE AND MAY CONTAIN REDUCTIONS OF BENEFITS, LIMITATIONS AND EXCLUSIONS. The description of benefits is intended only to highlight the insured employee's benefits and should not be relied upon to fully determine coverage. If this description conflicts in any way with the terms of the policy/certificate, the terms of the policy/ certificate prevail. For complete benefits descriptions and conditions, see the policy/certificate.

Group Accident Expense Semi-Monthly Premiums - 24-Hour - Iowa

Forms G H1708/G H1708C (HSA Compatible)

Plan 1

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	$7.28	$12.66	$14.98	$22.18

Plan 2

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	$10.12	$17.56	$19.94	$29.71

*Premium rates shown are for the combined group Accident Expense policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

Group Accident Expense - Iowa

Forms G H1708/G H1708C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Coverage Conditions

Actively Employed – The employee must be actively employed to be eligible for coverage.

Right to Cancel – The contract contains a 30-day free look period.

Termination – Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee (portability available); when premiums are not paid by the end of the grace period; the date Assurity receives written notice to terminate; when the employee establishes residence in a foreign country; or upon the employee's death.

Exclusions

Assurity will not pay benefits for losses caused by or the result of any Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- having a sickness independent of the Covered Accident, including physical or mental infirmity (sickness means any illness, inflection, disease or any other abnormal physical condition which is not caused by an Injury);
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental and Nervous Disorder (except for Post-Traumatic Stress Disorder as described in the policy/certificate);
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having a hernia, except as paid under the Hernia Surgery Benefit, if applicable;
- committing or attempting to commit a felony;
- participating in a riot, insurrection or rebellion;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

No benefits, except the Initial Accident Treatment benefit, will be payable for services provided outside of the United States.