



Group Accident Expense Insurance

for Empowering Abilities

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.

Flexible - 241035

Group Accident Expense Benefits - Off-the-Job

Forms G H1708/G H1708C (HSA Compatible)

Plan includes the benefits listed in the schedule below for a covered accident. Coverage is Off-the-Job. All treatment must be provided or prescribed by a physician and is payable only once per insured per accident unless otherwise noted. In most states, the term physician does not include chiropractor or dentist. Each benefit is also subject to conditions for payments as detailed in the certificate.

Emergency Care

Payable within 60 days of accident unless otherwise noted

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	\$150 - Dr. Office \$150 - Urgent Care \$300 - ER
Telemedicine Treatment	\$60
Ambulance Transport to or from hospital; pays one of the following	\$300 - Ground \$900 - Air
X-Rays	\$300
Diagnostic Exams CT, CAT, MRI or EEG	\$150
Blood, Plasma or Platelets Processing or transfusion	\$900
Emergency Room Observation Unit Held in hospital, without admission, after ER treatment	\$75 - 4-20 hours \$150 - 20+ hours

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
Physical, Occupational or Speech Therapy Benefit paid per visit, up to 6 visits per accident	\$60
Chiropractic/Acupuncture Treatment Benefit paid per visit, up to 6 visits per accident	\$60
Epidural Pain Management	\$100
Prescription Medication Other than while confined in hospital or nursing home; up to two per accident; up to six times per calendar year	\$10
Medical Supplies Over-the-counter; once per accident; up to three per calendar year	\$10
Appliances Rented or purchased, such as crutches or wheelchair	\$250
Prosthetic Devices Not including hearing or dental aids, eyeglasses or cosmetic devices	\$1,000 - One device \$2,000 - Multi. devices
Residence/Vehicle Modification	\$1,000
Transportation For physician treatment 50+ miles from residence; up to three round trips per accident	\$200 - Ground \$500 - Air
Lodging For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	\$200 per day

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Specific Injury Care

Burns Pays a percentage of the burn benefit, based on degree of burn and percentage of body affected.	\$1,125
Burns — Skin Graft - Pays 50 percent of the burn benefit.	
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
Coma Not medically induced or the result of drug or alcohol use	\$22,500
Concussion Not payable if traumatic brain injury benefit is paid	\$56.25
Dental Emergency Natural tooth treatment provided by a dentist	\$225 - Crown \$67.50 - Extraction
Dislocation Pays a percentage of the benefits for open reduction or closed reduction; where the percentage payable is based on the joint or bone affected and degree of dislocation	\$4,500 - Open reduction \$2,250 - Closed reduction
Ear Injury Resulting in hearing loss greater than 60 percent	\$225 once per lifetime
Eye Injury Requiring surgery or removal of foreign object	\$225
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	\$4,500 - Open fracture \$2,250 - Closed fracture
Gunshot Wound Requiring hospitalization and surgery	\$1,125
Lacerations Pays a percentage of the benefit based on the length of laceration	\$112.50
Paralysis Lasting 90 or more days and diagnosed to be permanent; one paralysis benefit payable per lifetime	\$16,875 - Paraplegia \$33,750 - Quadriplegia
Poisoning	\$56.25
Post Traumatic Stress Disorder	\$450
Traumatic Brain Injury Diagnosed by CT, CAT, MRI, EEG, PET or X-Ray	\$675

241035

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 - Off-the-Job

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Hospital Care

Daily benefit paid within 180 days of accident

Hospital Admission

Pays once per calendar year

\$1,000

Hospital Confinement

Daily benefit paid up to 365 days per accident

\$200

Intensive Care

Daily benefit paid up to 30 days per accident

\$400

Sub-Acute Intensive Care

Daily benefit, paid up to 30 days per accident

\$300

Rehabilitation Unit

Daily benefit paid up to 30 days per accident, 60 days per calendar year

\$200

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

Surgical Care

Paid within 180 days of accident

Open Abdominal, Thoracic or Cranial Surgery

Not including hernia

\$1,500

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery

\$750

Ruptured Disc Surgery

\$750

Hernia Surgery

\$375

Exploratory Surgery

Diagnostic arthroscopic or laparoscopic, not payable if any other surgery benefit is paid

\$375

Miscellaneous Outpatient Surgery

Must require anesthesia; not payable if any other surgery benefit is paid

\$150

Anesthesia

Administered for a payable surgery benefit

\$150

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

Group Accident Expense Benefits - Off-the-Job

Forms G H1708/G H1708C (HSA Compatible)

Accidental Death and Dismemberment Rider

(Form R G1712C)

Accidental Death Benefit Not payable if Accidental Death-Common Carrier benefit is paid	\$40,000 - Employee \$20,000 - Spouse \$10,000 - Child
Accidental Death Seatbelt Benefit Additional death benefit if seatbelt in use	\$10,000 - Employee \$5,000 - Spouse \$2,500 - Child
Accidental Death - Common Carrier Benefit If fare-paying passenger on common carrier	\$100,000 - Employee \$50,000 - Spouse \$25,000 - 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 child
Accidental Dismemberment Benefit Pays a percentage where the percentage varies by body part	\$40,000 - Employee \$20,000 - Spouse \$10,000 - Child

Group Accident Expense Monthly Premiums - Off-the-Job - Iowa

Forms G H1708/G H1708C (HSA Compatible)

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	\$13.98	\$24.37	\$30.55	\$44.83

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.