Assurity®

Voluntary Benefit Options

for Ledford Engineering Co., Inc



- Accident Expense
- Critical Illness
- Hospital Indemnity

Teri Gibson

241073



Group Accident Expense Insurance

for Ledford Engineering Co., Inc

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

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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**

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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

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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

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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 Weekly Premiums - 24-Hour - Iowa

Forms G H1708/G H1708C (HSA Compatible)

Plan 1

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	$3.37	$5.84	$6.92	$10.24

Plan 2

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	$4.67	$8.10	$9.20	$13.72

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*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.



Group Critical Illness Insurance

for Ledford Engineering Co., Inc

More people are surviving life threatening illnesses than ever before. Unfortunately the cost of critical illness care is high and medical bills can follow survivors long after they've proven victorious in their fight.

Critical illness insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other out-of-pocket expenses.

Group Critical Illness insurance **pays a lump-sum benefit directly to you** if you are diagnosed with stroke, heart attack or a number of other covered conditions.

Key Features

- **Pays a lump sum directly to you**
- Includes a **health screening benefit which pays $50 a year** for any number of common covered medical tests or procedures
- **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 Critical Illness Benefits - Iowa

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Group Critical Illness Policy and Additional Critical Illness Rider

Assurity's Group Critical Illness insurance pays a lump sum benefit upon diagnosis of certain specified illnesses, conditions and procedures. The amount payable is equal to the policy benefit amount times the applicable percentage or the specified dollar amount as shown below for the specified covered condition..

Heart Attack	100%
Coronary Artery Bypass Surgery	25%
Sudden Cardiac Arrest	25%
Angioplasty	10%
Stroke	100%
Invasive Cancer (30-day waiting period)	100%
Non-Invasive Cancer (30-day waiting period)	25%
Skin Cancer (30-day waiting period)	$250/calendar year
Kidney (Renal) Failure	100%
Major Organ Transplant	100%
Advanced Alzheimer's Disease	100%
Loss of Independent Living (30-day waiting period)	25%
Coma	100%
Paralysis	100%
Loss of Sight	100%
Loss of Speech	100%
Loss of Hearing	100%
Advanced Parkinson's Disease	100%
Benign Brain Tumor	100%
Occupational HIV	100%
Advanced ALS	100%
Severe Burns	100%
Bone Marrow Transplant	100%
Multiple Sclerosis	50%
Schizophrenia	10%
Transient Ischemic Attack (TIA)	10%

Other Features

Additional Diagnosis Benefit

Once benefits have been paid for a covered critical illness, benefits are payable for each additional critical illness when the date of diagnosis is at least 30 days apart, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid.

Reoccurrence Diagnosis Benefit

Once benefits have been paid for a covered critical illness, benefits are payable for that same critical illness up to one time per insured person per lifetime, if the insured person is symptom and treatment-free for a period of 12 consecutive months, and if the subsequent critical illness is not caused or contributed to by a critical illness for which benefits were paid.

Waiver of Premium Benefit

Waives the premium for coverage after 90 consecutive days of total disability of the covered employee, for as long as total disability continues, if the disability is due to a critical illness for which benefits were paid.

GROUP CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFIT COVERAGE, IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE, AND MAY NOT BE APPROPRIATE FOR MEDICAID RECIPIENTS. It 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 Critical Illness Benefits – Iowa

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Cardiopulmonary Rider
(Form R G1717C)

Pays a lump sum benefit upon diagnosis of the additional covered cardiopulmonary illnesses, conditions or procedures listed below. The amount payable is equal to the policy benefit amount times the applicable percentage shown below.

Open Heart Category (50% all procedures below)

- Mitral Valve Replacement or Repair
- Aortic Valve Replacement or Repair
- Surgical Treatment of Abdominal Aortic Aneurysm

Pulmonary Category (25% all procedures below)

- Pulmonary Embolism
- Idiopathic Pulmonary Fibrosis

Invasive Procedure Category (10% all procedures below)

- AngioJet Clot Busting
- Atherectomy
- Stent Implementation
- Cardiac Catheterization
- Automatic Implantable Cardioverter Defibrillator
- Pacemaker Placement
- Valvuloplasty

Health Screening Rider
(Form R G1720C)

Pays a **$50** benefit per calendar year per insured person for specified screening services listed below.

- Biopsy for skin cancer
- Bone marrow biopsy and aspiration
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 19-9 (blood test for pancreatic cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon and cervical cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for Myeloma)
- Stress test (bicycle or treadmill)
- Thermography

Specified Disease Rider
(Form R G1722C)

Pays a lump sum benefit upon diagnosis of 43 additional specified diseases listed below. The amount payable is equal to the policy benefit amount.

- Adrenal Hypofunction *(Addison's Disease)*
- Antibiotic Resistant Bacteria
- Bacterial Meningitis
- Botulism
- Brucellosis
- Bubonic Plague
- Budd-Chiari Syndrome
- Cerebrospinal Meningitis
- Cholera
- Diphtheria
- Encephalitis
- Hansen's Disease
- Histoplasmosis
- Huntington's Chorea
- Legionnaire's Disease
- Mad Cow Disease
- Malaria
- Muscular Dystrophy
- Myasthenia Gravis
- Necrotizing Fasciitis
- Osteomyelitis
- Poliomyelitis
- Primary Biliary Cirrhosis
- Primary Sclerosing Cholangitis *(WP Disease)*
- Q Fever
- Rabies
- Reye's Syndrome
- Rheumatic Fever
- Scarlet Fever
- Sepsis
- Small Pox
- Systemic Lupus
- System Sclerosis *(Scleroderma)*
- Tay-Sachs Disease
- Tetanus
- Thalassemia
- Toxic Epidermal Necrolysis
- Toxic Shock Syndrome
- Trichinosis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Yellow Fever

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Group Critical Illness Weekly Premiums - Iowa

Forms G H1715/G H1715C, R G1716C (HSA Compatible)

Employee or Employee & Children (rates based on employee's age; benefit amounts over $30,000 require underwriting of all covered persons)
Child benefit is equal to 25% of employee benefit.

Non-Tobacco	Employee Benefit Amount					
Issue Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000
18-24	$0.88	$1.49	$2.10	$2.72	$3.32	$3.93
25-29	$1.10	$1.88	$2.66	$3.43	$4.21	$4.98
30-34	$1.35	$2.31	$3.30	$4.26	$5.24	$6.19
35-39	$1.81	$3.10	$4.39	$5.68	$6.96	$8.26
40-44	$2.32	$3.96	$5.63	$7.28	$8.93	$10.58
45-49	$2.98	$5.20	$7.44	$9.64	$11.87	$14.08
50-54	$3.89	$6.96	$10.00	$13.07	$16.13	$19.19
55-59	$5.09	$9.31	$13.52	$17.73	$21.95	$26.18
60-64	$6.13	$11.50	$16.84	$22.21	$27.55	$32.92
65-69	$7.94	$15.11	$22.30	$29.48	$36.67	$43.86
70+	$12.80	$24.81	$36.82	$48.81	$60.83	$72.82

Tobacco	Employee Benefit Amount					
Issue Age	$5,000	$10,000	$15,000	$20,000	$25000	$30,000
18-24	$1.08	$1.87	$2.67	$3.46	$4.27	$5.08
25-29	$1.39	$2.44	$3.52	$4.58	$5.62	$6.68
30-34	$1.77	$3.17	$4.56	$5.96	$7.34	$8.73
35-39	$2.49	$4.40	$6.35	$8.30	$10.24	$12.17
40-44	$3.26	$5.82	$8.41	$10.97	$13.55	$16.12
45-49	$4.37	$7.94	$11.52	$15.10	$18.69	$22.26
50-54	$5.94	$10.99	$16.03	$21.08	$26.14	$31.19
55-59	$8.04	$15.11	$22.21	$29.29	$36.38	$43.47
60-64	$9.91	$18.96	$28.02	$37.08	$46.10	$55.15
65-69	$12.93	$25.05	$37.17	$49.30	$61.40	$73.52
70+	$20.05	$39.21	$58.36	$77.53	$96.68	$115.85

Employee & Spouse or Family (rates based on employee's age; employee benefit amount over $30,000 requires underwriting for all covered)
Spouse benefit is equal to 50% of employee benefit.
Child benefit is equal to 25% of employee benefit.

Non-Tobacco	Employee Benefit Amount					
Issue Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000
18-24	$1.39	$2.30	$3.18	$4.07	$4.98	$5.87
25-29	$1.75	$2.89	$4.01	$5.13	$6.26	$7.38
30-34	$2.15	$3.57	$4.98	$6.40	$7.82	$9.24
35-39	$2.89	$4.78	$6.69	$8.60	$10.48	$12.38
40-44	$3.72	$6.16	$8.61	$11.04	$13.48	$15.92
45-49	$4.75	$8.06	$11.36	$14.66	$17.97	$21.28
50-54	$6.21	$10.77	$15.33	$19.90	$24.47	$29.06
55-59	$8.05	$14.36	$20.68	$27.00	$33.31	$39.61
60-64	$9.61	$17.64	$25.68	$33.70	$41.72	$49.74
65-69	$12.29	$23.06	$33.83	$44.62	$55.38	$66.16
70+	$19.60	$37.63	$55.62	$73.63	$91.63	$109.65

Tobacco	Employee Benefit Amount					
Issue Age	$5,000	$10,000	$15,000	$20,000	$25000	$30,000
18-24	$1.70	$2.87	$4.05	$5.22	$6.40	$7.60
25-29	$2.18	$3.74	$5.29	$6.83	$8.39	$9.93
30-34	$2.79	$4.84	$6.90	$8.94	$10.98	$13.02
35-39	$3.89	$6.78	$9.64	$12.52	$15.39	$18.26
40-44	$5.16	$8.98	$12.80	$16.63	$20.45	$24.27
45-49	$6.85	$12.21	$17.54	$22.88	$28.20	$33.56
50-54	$9.28	$16.84	$24.39	$31.94	$39.50	$47.05
55-59	$12.47	$23.10	$33.72	$44.34	$54.96	$65.57
60-64	$15.28	$28.86	$42.40	$55.98	$69.54	$83.12
65-69	$19.82	$37.99	$56.17	$74.34	$92.52	$110.69
70+	$30.53	$59.27	$88.00	$116.75	$145.48	$174.22

*Premium rates shown are for the combined group Critical Illness 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 Critical Illness - Iowa

Forms G H1715/G H1715C

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 CRITICAL ILLNESS 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.

Pre-existing conditions: Assurity will not pay benefits for a specified critical illness that is caused by a pre-existing condition unless the specified critical illness starts after coverage has been in force for 12 months from the issue date. Pre-existing condition means a sickness or physical condition for which, during the 12 months before the issue date, the insured person had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment, or received medical consultation, advice or treatment from a physician or had taken prescribed medication.

Waiting period: The benefits payable for Loss of Independent Living, Invasive Cancer, Non-Invasive Cancer, and Skin Cancer have a waiting period. There is no coverage for Loss of Independent Living, Invasive Cancer, Non-Invasive Cancer, or Skin Cancer, if an insured person initially incurred or was diagnosed with any of these conditions before the end of the waiting period.

Elimination period: The benefit payable for Loss of Independent Living has an elimination period. Assurity will not pay benefits during the elimination period.

Special Endorsement

The pre-existing condition clause will be waived during the initial enrollment and for new hires. Late entrant employees enrolling during the annual re-enrollment will be subject to the normal pre-existing condition clause.

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):

- 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;
- being addicted to drugs or suffering from alcoholism;
- 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);
- committing or attempting to commit a felony;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.



Group Hospital Indemnity Insurance

for Ledford Engineering Co., Inc

A hospital stay can be expensive—even with a good health insurance plan. If you or someone in your family gets sick or injured and needs to go to the hospital, the last thing you want to think about is how you are going to pay for medical care.

Hospital indemnity insurance provides peace of mind and gives you additional cash to pay your health insurance deductible and other expenses resulting from a covered hospital stay.

Group Hospital Indemnity insurance pays a benefit directly to you, starting at admission, for each day of hospital confinement.

Key Features

- Pays a **lump-sum benefit** starting at admission
- Pays **a daily benefit** for each day confined in a hospital
- **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 Hospital Indemnity Benefits - Iowa

Forms G H1730/G H1730C (HSA Compatible)

Hospital Admission

Group Hospital Indemnity pays a lump-sum benefit of **$1,000** for the first hospital confinement in a calendar year for a covered sickness or injury sustained in a covered accident. Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 consecutive hours.

Hospital Indemnity Care Rider: (Form No. R G1736C)	Pays daily benefits based on confinement due to a covered sickness or an injury sustained in a covered accident, in an amount based on the type of confinement and for the maximum number of days shown below: ● Hospital Confinement - **$150** per day up to 30 days ● Intensive Care Unit Confinement – **$300** per day of confinement, up to 10 days Note: Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 consecutive hours. Only one type of confinement benefit is payable for a given day. If confinement continues in an Intensive Care Unit, Sub-Acute Intensive Care Unit or Rehabilitation Unit beyond the maximum benefit period shown, the Hospital Confinement benefit will be payable until that benefit period is also exhausted.
Drug and Alcohol Rehab Rider: (Form R G1733C)	Pays a **$100** daily benefit for up to 30 days confinement in a hospital or residential treatment facility for drug or alcohol rehabilitation. Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 consecutive hours.
Mental and Nervous Disorder Rider: (Form R G1737C)	Pays a **$100** daily benefit for up to 30 days confinement in a hospital or residential treatment facility for treatment of a mental or nervous disorder. Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 consecutive hours.
Hospital Observation Rider (Form R G2202C)	Pays a lump sum benefit for outpatient services received during a hospital stay, prescribed by a physician for a covered sickness or an injury sustained from a covered accident. ● Initial Observation - once per insured person per observation stay in a calendar year At least 20 hours - **$1,000** ● Observation Care - 20-48 hours **- $100** 49 hours or more **- $200** ● Short-Stay Observation - up to the maximum of two times per insured in a calendar year, 4-19 hours - **$50**

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GROUP HOSPITAL INDEMNITY INSURANCE PROVIDES LIMITED BENEFIT COVERAGE, IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE, AND MAY NOT BE APPROPRIATE FOR MEDICAID RECIPIENTS. It is not major medical insurance and does not satisfy the requirement for minimum essential coverage under the affordable Care Act (ACA). It 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 benefit description and conditions, see the policy/certificate. Policy availability, features and rates may vary by state.

Group Hospital Indemnity Weekly Premiums - Iowa*

Forms G H1730/G H1730C (HSA Compatible)

Coverage Tiers

	Employee	Employee & Spouse	Employee & Children	Family
All Ages	$5.30	$10.73	$10.21	$15.64

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*Premium rates shown are for the combined group Hospital Indemnity 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 Hospital Indemnity - Iowa

Forms G H1730/G H1730C

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 HOSPITAL INDEMNITY 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.

Pre-existing conditions: Assurity will not pay benefits concerning a pre-existing condition until after coverage has been in force for 12 months from the issue date. Pre-existing condition means a covered sickness or physical condition for which, during the 12 months before the issue date, the insured person received medical consultation, diagnosis, advice or treatment from a Physician or had taken prescribed medication.

Special Endorsement

The pre-existing condition clause and 10-month pregnancy exclusion will be waived during the initial enrollment and for new hires. Late entrant employees enrolling during the annual re-enrollment will be subject to the normal pre-existing condition and 10-month pregnancy exclusion.

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):

- having elective procedures that are not medically necessary (including but not limited to organ donation and elective sterilization);
- receiving services provided outside the United States;
- voluntarily inhaling gas;
- having cosmetic care, except when the hospital confinement is due to medically necessary reconstructive surgery;
- being confined primarily for rest care or convalescent care;
- having a covered sickness or injury covered under worker's compensation, an employer's liability law or similar law;
- being born, unless the loss is the result of a covered sickness or injury;
- being pregnant, experiencing pregnancy related conditions (other than complications of pregnancy), giving birth or otherwise terminating pregnancy during the 10-month period immediately following the issue date;
- receiving routine newborn nursing or well baby care;
- operating, learning to operate, or serving as a crew member of any aircraft;
- 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;
- 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 dental treatment except as the result of an injury;
- committing or attempting to commit a felony;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide, while sane or insane.

We are never more than one call away.

Customer Service
800-276-7619, Ext. 4210
7:30am - 5:00pm CST

Email
claimsinfo@assurity.com

Claims
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Lincoln, NE 68501-2533

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800-869-0355, Ext. 4279
FAX: 888-255-2060

Connect Online
assurity.com
linkedin.com/company/assurity-life

Helping people through difficult times

As a mutual organization, Assurity was founded on the simple concept of people coming together to support each other in moments of need. We continue our mission of helping people through difficult times by providing affordable insurance protection that is easy to understand and buy. Our financial stability has stood the test of time. It shows our commitment to be there when our customers need us. Owned by our policyholders, we conduct our business to serve only their best interests. Whether paying benefits, offering service with a human touch, giving back to our community, or practicing sustainable habits that provide for our planet, we embrace our capacity to improve lives. We all share in the future we create, and Assurity believes in using our business as a force for good.

Certified B Corporation

NOT AVAILABLE IN NEW YORK.
Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.