



# Group Accident Expense Benefits

## Tier 2

Assurity's Group Accident Expense insurance plan includes the benefits listed in the schedule below for a covered accident. All treatment must be provided or prescribed by a physician and maximum benefits per insured person are one per accident unless otherwise noted. Each benefit is subject to conditions for payment as detailed in the certificate.

### Key features

- **Coverage is guaranteed issue;** there are no medical exams or tests to take
- **Employee and family coverage** - is available for employees (including 24-hour and off-the-job), plus their spouse/domestic partner and children
- **Family-friendly benefits** cover Child Organized Sports, Hospital Confinement-Child Care and Accidental Death-Children Education
- **A Chiropractic or Acupuncture Treatment** benefit for alternative methods of recovery

### Covered Accident Expense Benefits

#### Emergency Care

#### Tier 2

<b>Initial Accident Treatment</b> One physician's office, urgent care or ER visit per accident	<b>\$100</b> Physician Office/Urgent Care <b>\$200</b> Emergency Room
<b>Telemedicine Treatment</b>	<b>\$40</b>
<b>Ambulance</b> Transport to or from hospital; one ground or air per accident	<b>\$200</b> Ground / <b>\$600</b> Air
<b>X-Rays</b>	<b>\$200</b>
<b>Diagnostic Exams</b> CT, CAT, MRI or EEG	<b>\$100</b>
<b>Blood, Plasma or Platelets</b> Processing or transfusion	<b>\$600</b>
<b>Emergency Room Observation Unit</b> Held in hospital, without admission, after ER treatment	<b>\$50</b> Held 4-20 hrs. <b>\$100</b> Held 20+ hrs.

#### Specific Injury Care

#### Tier 2

<b>Burns</b> Payable percent of benefit shown varies by degree of burn and percentage of body affected	<b>\$1,000</b>
<b>Burns - Skin Graft</b> Percentage of burn benefit	<b>50%</b>
<b>Child Organized Sport</b> Percentage of all other payable benefits for dependent child if injured during amateur organized athletic competition or supervised practice for such; up to \$1,000	<b>10%</b>
<b>Coma</b> Not medically induced or the result of drug or alcohol use	<b>\$20,000</b>
<b>Concussion</b> Not payable if traumatic brain injury benefit is paid	<b>\$50</b>
<b>Dental Emergency</b> Natural tooth treatment provided by a dentist	<b>\$200</b> Crown / <b>\$60</b> Extraction
<b>Dislocation</b> Payable percent of benefit shown varies by joint or bone and degree of dislocation	<b>\$4,000</b> Open Reduction <b>\$2,000</b> Closed Reduction

**Specific Injury Care (Continued)****Tier 2**

<b>Ear Injury</b> Resulting in hearing loss greater than 60%; once per lifetime	\$200
<b>Eye Injury</b> Requiring surgery or removal of foreign object	\$200
<b>Fracture</b> Payable percent of benefit shown varies based on joint or bone, open or closed reduction, or chip (see dislocation for amounts)	\$4,000
<b>Gunshot Wound</b> Requires hospitalization and surgery	\$1,000
<b>Lacerations</b> Payable percent of benefit shown varies by length of laceration	\$100
<b>Occupational HIV</b> Not available with off-the-job coverage	\$600
<b>Paralysis</b> Lasting 90+ days, diagnosed permanent; one quadriplegia or paraplegia benefit per lifetime	\$30,000 Quadriplegia \$15,000 Paraplegia
<b>Poisoning</b>	\$50
<b>Post-Traumatic Stress Disorder</b>	\$400
<b>Traumatic Brain Injury</b> Diagnosed by CT, CAT, MRI, EEG, PET or X-Ray	\$600
<b>Supportive Care - Payable only if Initial Accident Treatment or Telemedicine Treatment benefit was paid for same injury</b>	
<b>Tier 2</b>	
<b>Follow-Up Treatment</b> Two per accident	\$100
<b>Physical, Occupational or Speech Therapy</b> Six per accident	\$60
<b>Chiropractic/Acupuncture Treatment</b> Six per accident	\$60
<b>Epidural Pain Management</b>	\$100
<b>Prescription Medication</b> Other than while confined in hospital or nursing home; up to two per accident; six per calendar year	\$10
<b>Medical Supplies</b> Over-the-counter: once per accident; three per calendar year	\$10
<b>Appliances</b> Rented or purchased, such as crutches or wheelchair	\$250
<b>Prosthetic Devices</b> Not including hearing or dental aids, eyeglasses or cosmetic devices	\$1,000 Single / \$2,000 Multiple
<b>Residence/Vehicle Modification</b>	\$1,000
<b>Transportation</b> For physician treatment 50+ miles from residence; up to three round trips per accident	\$200 Ground / \$500 Air
<b>Lodging</b> For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	\$200
<b>Hospital Care - Daily benefits unless otherwise noted</b>	
<b>Tier 2</b>	
<b>Hospital Admission</b> Once per accident; once per calendar year	\$1,000

**Hospital Care - Daily benefits unless otherwise noted (Continued)****Tier 2**

<b>Hospital Confinement</b> Up to 365 days per accident	\$200
<b>Intensive Care</b> Up to 30 days per accident	\$400
<b>Sub-Acute Intensive Care</b> Up to 30 days per accident	\$300
<b>Rehabilitation Unit</b> Up to 30 days per accident; 60 days per calendar year	\$200
<b>Hospital Confinement - Child Care</b> For all dependent children, by licensed provider, while insured is confined to hospital; up to 30 days per accident	\$40

**Surgical Care****Tier 2**

<b>Open Abdominal, Thoracic or Cranial Surgery</b> Does not include hernia	\$2,000
<b>Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery</b>	\$1,000
<b>Ruptured Disc Surgery</b>	\$1,000
<b>Hernia Surgery</b>	\$500
<b>Exploratory Surgery</b> Diagnostic arthroscopic or laparoscopic and not payable if any other surgery benefit is paid	\$500
<b>Miscellaneous Outpatient Surgery</b> Requires anesthesia and not payable if any other surgery benefit is paid	\$200
<b>Anesthesia</b> Administered for a payable surgery benefit	\$200

**Preventive Care (Not available in CT, MN, MO and ND)****Tier 2**

<b>Wellness Benefits</b> <ul style="list-style-type: none"> <li>• Blood screening for triglycerides, cholesterol, HDL, LDL or fasting blood glucose</li> <li>• Annual physical exam</li> <li>• Routine eye exam</li> <li>• Immunization</li> </ul> Once per day, up to two per insured per calendar year; maximum of four for all insured persons combined per calendar year	\$50
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**Accidental Death and Dismemberment Rider (Form R G1712C)****Tier 2**

<b>Accidental Death and unless otherwise noted below.</b> 50% spouse/25% child; not payable if Accidental Death-Common Carrier benefit is paid	\$40,000
<b>Accidental Death - Seatbelt</b> Additional benefit if seatbelt in use; 50% spouse/25% child	\$10,000
<b>Accidental Death - Common Carrier</b> If fare-paying passenger on common carrier; 50% spouse/25% child	\$100,000
<b>Accidental Death - Children Education</b> Additional benefit for dependent children enrolled in post-secondary educational institution; one per accidental death, per qualifying dependent child	\$1,000
<b>Accidental Dismemberment</b> Percent of benefit shown varies by body part; 50% spouse/25% child	\$40,000

**Optional Riders**

- Outpatient Care Rider** (not HSA compatible)
  **Accident-Only Disability Income Rider**
- Hospital Sickness Rider**

## Conditions, Exclusions and Limitations

**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 and no benefits will be payable on the earliest of the following: the date policy terminates; when premiums are not paid by the end of the grace period; the date the employee is no longer an employee (portability available); the date the employee's class is no longer eligible; 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 that are caused by or are the result of any insured person: operating, learning to operate, or serving as a crew member of any aircraft; engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, mountain or rock climbing, B.A.S.E. jumping, sky diving or cave diving; riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test; officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; having a sickness independent of the covered accident, including physical or mental infirmity (sickness means any illness, infection, 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 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; being incarcerated in a penal institution or government detention facility; participating in a riot, insurrection or rebellion; driving any taxi for wage, compensation or profit; 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.

Optional riders may contain additional conditions, limitations and exclusions.

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## Customer Service

800-276-7619 Ext. 4210

## Find out more

[assurity.com](http://assurity.com)

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NOT AVAILABLE IN NEW YORK.

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.

Circular 230 Disclosure: Any U.S. tax information contained in this communication is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code, or (ii) promoting, marketing or recommending to another party any matters addressed herein.

Policy/Certificate Form Nos. G H1708 and G H1708C and Certificate Rider Form Nos. R G1709C, R G1710C, R G1711C and R G1712C underwritten by Assurity Life Insurance Company, Lincoln, NE.

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