

**Assurity®**

---

# **Group Accident Expense**



# Group Accident Expense Insurance

Injuries affect millions of Americans every year. Big or small, accidents happen and the costs related to recovery can add up. The average deductible for single coverage for covered workers in plans with a deductible has increased 39% over the past five years, from \$1,135 in 2013 to \$1,573 in 2018.<sup>1</sup>

Group Accident Expense insurance provides cash benefits for expenses that may not be fully covered by major medical insurance. Our plans are HSA-friendly – welcome news for those who want to preserve their savings or help bridge gaps in coverage like copays and deductibles.

At Assurity, we offer four plans at a variety of price points, along with valuable add-ons for extra financial protection. **In the event an insured person has a covered accident, we pay specific benefit amounts for:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> <b>Emergency Care</b>       | <input checked="" type="checkbox"/> <b>Hospital Care</b>   |
| <input checked="" type="checkbox"/> <b>Supportive Care</b>      | <input checked="" type="checkbox"/> <b>Surgical Care</b>   |
| <input checked="" type="checkbox"/> <b>Specific Injury Care</b> | <input checked="" type="checkbox"/> <b>Preventive Care</b> |

---

## 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** include Child Organized Sports, Hospital Confinement-Child Care and Accidental Death-Children Education
- **A Chiropractic or Acupuncture Treatment** benefit for alternative methods of recovery



1. Kaiser Family Foundation 2018 Employer Health Benefits Survey

## Group Accident Expense Benefits

This 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 unless otherwise noted. Maximum benefits per insured person are one per accident unless otherwise noted. Each benefit is subject to conditions for payment as detailed in the policy or rider certificate.

Emergency Care	Tier 1	Tier 2	Tier 3	Tier 4
<b>Initial Accident Treatment</b> One physician's office, urgent care or ER visit per accident	\$75 Physician Office	\$100 Physician Office	\$150 Physician Office	\$200 Physician Office
	\$75 Urgent Care	\$100 Urgent Care	\$150 Urgent Care	\$200 Urgent Care
	\$150 Emergency Room	\$200 Emergency Room	\$300 Emergency Room	\$400 Emergency Room
<b>Telemedicine Treatment</b>	\$30	\$40	\$60	\$80
<b>Ambulance</b> Transport to or from hospital; one ground or air per accident	\$150 Ground	\$200 Ground	\$300 Ground	\$400 Ground
	\$450 Air	\$600 Air	\$900 Air	\$1,200 Air
<b>X-Rays</b>	\$150	\$200	\$300	\$400
<b>Diagnostic Exams</b> CT, CAT, MRI or EEG	\$75	\$100	\$150	\$200
<b>Blood, Plasma or Platelets</b> Processing or transfusion	\$450	\$600	\$900	\$1,200
<b>Emergency Room Observation Unit</b> Held in hospital, without admission, after ER treatment	\$37.50 Held 4-20 hrs.	\$50 Held 4-20 hrs.	\$75 Held 4-20 hrs.	\$100 Held 4-20 hrs.
	\$75 Held 20+ hrs.	\$100 Held 20+ hrs.	\$150 Held 20+ hrs.	\$200 Held 20+ hrs.
Specific Injury Care	Tier 1	Tier 2	Tier 3	Tier 4
<b>Burns</b> Payable percent of benefit shown varies by degree of burn and percentage of body affected	\$750	\$1,000	\$1,500	\$2,000
<b>Burns - Skin Graft</b> Percentage of burn benefit	50%	50%	50%	50%
<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	10%	10%	10%	10%

**Specific Injury Care** *(Continued)***Tier 1****Tier 2****Tier 3****Tier 4**

<b>Coma</b> Not medically induced or the result of drug or alcohol use	<b>\$15,000</b>	<b>\$20,000</b>	<b>\$30,000</b>	<b>\$40,000</b>
<b>Concussion</b> Not payable if traumatic brain injury benefit is paid	<b>\$37.50</b>	<b>\$50</b>	<b>\$75</b>	<b>\$100</b>
<b>Dental Emergency</b> Natural tooth treatment provided by a dentist	<b>\$150</b> Crown	<b>\$200</b> Crown	<b>\$300</b> Crown	<b>\$400</b> Crown
	<b>\$45</b> Extraction	<b>\$60</b> Extraction	<b>\$90</b> Extraction	<b>\$120</b> Extraction
<b>Dislocation</b> Payable percent of benefit shown varies by joint or bone and degree of dislocation	<b>\$3,000</b> Open Reduction	<b>\$4,000</b> Open Reduction	<b>\$6,000</b> Open Reduction	<b>\$8,000</b> Open Reduction
	<b>\$1,500</b> Closed Reduction	<b>\$2,000</b> Closed Reduction	<b>\$3,000</b> Closed Reduction	<b>\$4,000</b> Closed Reduction
<b>Ear Injury</b> Resulting in hearing loss greater than 60%; once per lifetime	<b>\$150</b>	<b>\$200</b>	<b>\$300</b>	<b>\$400</b>
<b>Eye Injury</b> Requiring surgery or removal of foreign object	<b>\$150</b>	<b>\$200</b>	<b>\$300</b>	<b>\$400</b>
<b>Fracture</b> Payable percent of benefit shown varies based on joint or bone, open or closed reduction, or chip (see dislocation for amounts)	<b>\$3,000</b>	<b>\$4,000</b>	<b>\$6,000</b>	<b>\$8,000</b>
<b>Gunshot Wound</b> Requires hospitalization and surgery	<b>\$750</b>	<b>\$1,000</b>	<b>\$1,500</b>	<b>\$2,000</b>
<b>Lacerations</b> Payable percent of benefit shown varies by length of laceration	<b>\$75</b>	<b>\$100</b>	<b>\$150</b>	<b>\$200</b>
<b>Occupational HIV</b> Not available with off-the-job coverage	<b>\$450</b>	<b>\$600</b>	<b>\$900</b>	<b>\$1,200</b>
<b>Paralysis</b> Lasting 90+ days, diagnosed permanent; one quadriplegia or paraplegia benefit per lifetime	<b>\$22,500</b> Quadriplegia	<b>\$30,000</b> Quadriplegia	<b>\$45,000</b> Quadriplegia	<b>\$60,000</b> Quadriplegia
	<b>\$11,250</b> Paraplegia	<b>\$15,000</b> Paraplegia	<b>\$22,500</b> Paraplegia	<b>\$30,000</b> Paraplegia
<b>Poisoning</b>	<b>\$37.50</b>	<b>\$50</b>	<b>\$75</b>	<b>\$100</b>
<b>Post-Traumatic Stress Disorder</b>	<b>\$300</b>	<b>\$400</b>	<b>\$600</b>	<b>\$800</b>
<b>Traumatic Brain Injury</b> Diagnosed by CT, CAT, MRI, EEG, PET or X-Ray	<b>\$450</b>	<b>\$600</b>	<b>\$900</b>	<b>\$1,200</b>

## Supportive Care

Payable only if Initial Accident Treatment or Telemedicine Treatment benefit was paid for same injury

**Tier 1**

**Tier 2**

**Tier 3**

**Tier 4**

<b>Follow-Up Treatment</b> Two per accident	\$75	\$100	\$150	\$200
<b>Physical, Occupational or Speech Therapy</b> Six per accident	\$45	\$60	\$90	\$120
<b>Chiropractic/Acupuncture Treatment</b> Six per accident	\$45	\$60	\$90	\$120
<b>Epidural Pain Management</b>	\$75	\$100	\$150	\$200
<b>Prescription Medication</b> Other than while confined in hospital or nursing home; up to two per accident; six per calendar year	\$7.50	\$10	\$15	\$20
<b>Medical Supplies</b> Over-the-counter: once per accident; three per calendar year	\$7.50	\$10	\$15	\$20
<b>Appliances</b> Rented or purchased, such as crutches or wheelchair	\$187.50	\$250	\$375	\$500
<b>Prosthetic Devices</b> Not including hearing or dental aids, eyeglasses or cosmetic devices	\$750 Single	\$1,000 Single	\$1,500 Single	\$2,000 Single
	\$1,500 Multiple	\$2,000 Multiple	\$3,000 Multiple	\$4,000 Multiple
<b>Residence/Vehicle Modification</b>	\$750	\$1,000	\$1,500	\$2,000
<b>Transportation</b> For physician treatment 50+ miles from residence; up to three round trips per accident	\$150 Ground	\$200 Ground	\$300 Ground	\$400 Ground
	\$375 Air	\$500 Air	\$750 Air	\$1,000 Air
<b>Lodging</b> For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	\$150	\$200	\$300	\$400

<b>Hospital Care</b> - Daily benefits unless otherwise noted	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>Tier 4</b>
<b>Hospital Admission</b> Once per accident; once per calendar year	\$750	\$1,000	\$1,500	\$2,000
<b>Hospital Confinement</b> Up to 365 days per accident	\$150	\$200	\$300	\$400
<b>Intensive Care</b> Up to 30 days per accident	\$300	\$400	\$600	\$800
<b>Sub-Acute Intensive Care</b> Up to 30 days per accident	\$225	\$300	\$450	\$600
<b>Rehabilitation Unit</b> Up to 30 days per accident; 60 days per calendar year	\$150	\$200	\$300	\$400
<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	\$30	\$40	\$60	\$80

<b>Surgical Care</b>	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>Tier 4</b>
<b>Open Abdominal, Thoracic or Cranial Surgery</b> Does not include hernia	\$1,500	\$2,000	\$3,000	\$4,000
<b>Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery</b>	\$750	\$1,000	\$1,500	\$2,000
<b>Ruptured Disc Surgery</b>	\$750	\$1,000	\$1,500	\$2,000
<b>Hernia Surgery</b>	\$375	\$500	\$750	\$1,000
<b>Exploratory Surgery</b> Diagnostic arthroscopic or laparoscopic and not payable if any other surgery benefit is paid	\$375	\$500	\$750	\$1,000
<b>Miscellaneous Outpatient Surgery</b> Requires anesthesia and not payable if any other surgery benefit is paid	\$150	\$200	\$300	\$400
<b>Anesthesia</b> Administered for a payable surgery benefit	\$150	\$200	\$300	\$400

<b>Preventive Care</b> (Not available in CT, MN, MO and ND)	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>Tier 4</b>
<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	\$50	\$50	\$50

## Accidental Death and Dismemberment Rider (Form R G1712C)

Tier 1

Tier 2

Tier 3

Tier 4

<b>Accidental Death</b> 50% spouse/25% child; not payable if Accidental Death-Common Carrier benefit is paid	\$30,000	\$40,000	\$60,000	\$80,000
<b>Accidental Death - Seatbelt</b> Additional benefit if seatbelt in use; 50% spouse/25% child	\$7,500	\$10,000	\$15,000	\$20,000
<b>Accidental Death - Common Carrier</b> If fare-paying passenger on common carrier; 50% spouse/25% child	\$75,000	\$100,000	\$150,000	\$200,000
<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	\$750	\$1,000	\$1,500	\$2,000
<b>Accidental Dismemberment</b> Percent of benefit shown varies by body part; 50% spouse/25% child	\$30,000	\$40,000	\$60,000	\$80,000

## Optional Riders

- Outpatient Care Rider** (Form R G1710C)  
Modifies the policy's Preventive Care benefit to also cover outpatient physician visits for a covered sickness
- Hospital Sickness Rider** (Form R G1711C)  
Pays a benefit when an insured person receives hospital services for a covered sickness diagnosed by a physician. Services include: admission, confinement, intensive care, sub-acute ICU, rehabilitation and child care while the insured is receiving hospital care
- Accident-Only Disability Income Rider** (Form RG1709C)  
Pays a monthly benefit up to the benefit period selected, while the insured is totally disabled due to a covered accident (HSA compatible)



## 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



### Worksite Product Sales

800-276-7619  
Ext. 8964

### Customer Service

800-276-7619  
Ext. 4210

### Policy Services

800-869-0355  
Ext. 4279

### Find out more

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

FOR PRODUCER USE ONLY. NOT FOR USE WITH THE GENERAL PUBLIC. 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.

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.