

Group Accident Expense Insurance

POLICY FORM G H1708/G H1708C



The average deductible for all covered workers rose from \$303 to \$1,077 between 2006 and 2015.

Source: Kaiser Family Foundation 2015 Employer Health Benefits Survey.

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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 payments as detailed in the certificate.

Key features

- **Coverage is guaranteed issue;** there are no medical exams or tests to take.
- **Employee and family coverage** - Coverage is available for employees, plus their spouse/domestic partner and children.
- **Family-friendly benefits** covering Child Organized Sports, Hospital Confinement-Child Care and Accidental Death-Children Education.

Accident Expense Benefits - 24 Hour Coverage

Emergency Care	TIER 3
Initial Accident Treatment One physician's office, urgent care or ER visit per accident	\$150 Physician Office/Urgent Care \$300 Emergency Room
Telemedicine Treatment	\$60
Ambulance Transport to or from hospital; one ground or air per accident	\$300 Ground / \$900 Air
X-Ray	\$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 Held 4-20 hrs. \$150 Held 20+ hrs.
Supportive Care - Payable only if Initial Accident Treatment benefit was paid for the same injury	TIER 3
Follow-Up Treatment Two per accident	\$150
Physical, Occupational or Speech Therapy Six per accident	\$90
Chiropractic or Acupuncture Treatment Six per accident	\$90
Epidural Pain Management	\$150
Prescription Medication Other than while confined in hospital or nursing home; six per calendar year	\$15.00
Medical Supplies Over-the-counter: once per accident; three per calendar year	\$15.00
Appliance Rented or purchased, such as crutches or wheelchair	\$375.00
Prosthetic Devices Not including hearing or dental aids, eyeglasses or cosmetic devices	\$1,500 Single / \$3,000 Multiple
Residence or Vehicle Modification	\$1,500
Transportation For physician treatment 50+ miles from residence; up to three round trips per accident	\$300 Ground / \$750 Air
Lodging For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	\$300

Specific Injury Care	TIER 3
Burns Payable percent of benefit shown varies by degree of burn and percentage of body affected	\$1,500
Burns – Skin Graft Percentage of burn benefits	50%
Child Organized Sports 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%
Coma Not medically induced or the result of drug or alcohol use	\$30,000
Concussion Not payable if traumatic brain injury benefit is paid	\$75.00
Dental Emergency Natural tooth treatment provided by a dentist	\$300 Crown / \$90 Extraction
Dislocation Payable percent of benefit shown varies by joint or bone and degree of dislocation	\$6,000 Open Reduction \$3,000 Closed Reduction
Ear Injury Resulting in hearing loss greater than 60%; once per lifetime	\$300
Eye Injury Requiring surgery or removal of foreign object	\$300
Fracture Payable percent of benefit shown varies based on joint or bone, open or closed reduction, or chip	\$6,000 Open Reduction \$3,000 Closed Reduction
Gunshot Wound Requires hospitalization and surgery	\$1,500
Laceration Payable percent of benefit shown varies by length of laceration	\$150
Occupational HIV Not available with off-the-job coverage	\$900
Paralysis Lasting 90+ days, diagnosed permanent; one quadriplegia or paraplegia benefit per lifetime	\$45,000 Quadriplegia \$22,500 Paraplegia
Poisoning	\$75.00
Post-Traumatic Stress Disorder	\$600
Traumatic Brain Injury Diagnosed by CT, CAT, MRI, EEG, PET, or X-Ray	\$900
Hospital Care - Daily benefits unless otherwise noted	TIER 3
Hospital Admission Once per accident; once per calendar year	\$1,500
Hospital Confinement Up to 365 days per accident	\$300
Intensive Care Unit Up to 30 days per accident	\$600
Sub-Acute Intensive Care Unit Up to 30 days per accident	\$450
Rehabilitation Unit Up to 30 days per accident; 60 days per calendar year	\$300
Hospital Confinement - Child Care For all dependent children, by licensed provider, while insured is confined to hospital; up to 30 days per accident	\$60

Surgical Care		TIER 3
Open Abdominal, Thoracic or Cranial Surgery		\$3,000
Does not include hernia		
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery		\$1,500
Ruptured Disc Surgery		\$1,500
Hernia Surgery		\$750
Exploratory Surgery		\$750
Diagnostic arthroscopic or laparoscopic and not payable if any other surgery benefit is paid		
Miscellaneous Outpatient Surgery		\$300
Requires anesthesia and not payable if any other surgery benefit is paid		
Anesthesia		\$300
Administered for a payable surgery benefit		
Preventive Care		TIER 3
Wellness Benefits		
<ul style="list-style-type: none"> • Blood screening for triglycerides, cholesterol, HDL, LDL or fasting blood glucose • Annual physical exam or routine eye exam • Immunizations 		\$50
Once per day, up to two per insured per calendar year; maximum of four for all insured persons combined per calendar year		
Accidental Death and Dismemberment Rider (Form R G1712C)		TIER 3
Accidental Death and unless otherwise noted below		\$60,000
50% spouse/ 25% child; not payable if Accidental Death-Common Carrier benefit is paid		
Accidental Death – Seatbelt		\$15,000
Additional benefit if seatbelt in use; 50% spouse/ 25% child		
Accidental Death – Common Carrier		\$150,000
If fare-paying passenger on common carrier; 50% spouse/ 25% child		
Accidental Death – Children Education		\$1,500
Additional benefit for dependent children enrolled in post-secondary educational institution; one per accidental death, per qualifying dependent child		
Accidental Dismemberment		\$60,000
Percent of benefit shown varies by body part; 50% spouse/ 25% child		

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Employer: YOUR COMPANY
Issue State: IA
Coverage Type: 24 Hour
Plan Type: TIER 3 (3 units)
Rider(s): None

Semi-Monthly Premium Rates	
Coverage	Rate
Employee	\$10.12
Employee and Spouse	\$17.56
Employee and Children	\$19.94
Family	\$29.71

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

GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

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 that are caused by or are 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, 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 this 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.

This is a proposal, not a contract nor an offer to contract. Availability of this product, along with all benefits and premiums as presented, is subject to the approval of Assurity. All benefits, premiums, conditions, exclusions and limitations are governed only by the actual contract as approved by Assurity and not this proposal. Policy availability, features and rates may vary by state.

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, NY. Product availability, features and rates may vary by state.