

Assurity Accident Expense PRO

24-hour Accident Plan

Effective Date: August 1, 2015

Accidents happen to even the most cautious people

Recovering from an injury is tough enough, but out-of-pocket expenses for the emergency room, ambulance, hospital stay and doctors' bills can cause a financial crisis – while regular monthly bills and expenses continue to accumulate.

The solution – an Accident Expense PRO® Insurance policy

Assurity at Work®, a division of Assurity Life Insurance Company, offers employees the opportunity to protect themselves and their families from the cost of accidental injuries with an Accident Expense PRO Insurance policy/certificate. This plan pays a fixed cash benefit for medical treatments associated with a covered accident. Better still, the benefits are paid regardless of any other insurance coverage. This affordable protection may be extended to cover an employee's spouse and children, and is also portable – it may be kept in force after leaving the current employer if premiums continue to be paid.

Assurity at Work's Accident Expense PRO Benefits

The employee may choose basic coverage with a one-unit plan, or higher benefits with a two-unit plan. Our Accident Expense PRO rate structure has the same premium regardless of age or gender.

Benefit	Conditions	One-Unit Plan	Two Unit Plan
Accident emergency treatment	Within 72 hours after the accident by physician, urgent care facility or emergency room	\$125	\$150
Follow-up treatment	First treatment within 30 days after receiving Accident Emergency Treatment; eligible for last treatment within one year	\$25 up to three treatments	\$35 up to three treatments
Diagnostic exams	Requiring angiogram, CT Scan, CTA Scan, MRI, MRA or EEG within 180 days after the accident	\$100 per year	\$200 per year

Benefit	Conditions	One-Unit Plan	Two Unit Plan
Hospital Admission	Within 180 days after the accident if confined for at least 20 hours	\$500	\$1,000
Hospital confinement (including Sub-Acute ICU)	Within 180 days after the accident if confined for at least 20 hours; not paid concurrent with ICU benefit	\$100 per day up to 90 days	\$200 per day up to 180 days
Hospital ICU confinement	Within 180 days after the accident if confined for at least 20 hours; not paid concurrent with hospital confinement benefit	\$200 per day up to 15 days	\$400 per day up to 15 days
Ambulance	To or from hospital within 48 hours of accident for air or 90 days for ground	\$500 air / \$100 ground	\$500 air / \$100 ground
Physical therapy treatment	First treatment within 30 days after the accident; eligible for last treatment within one year	\$25 up to six treatments	\$35 up to six treatments
Appliances	Prescribed within 90 days after the accident as an aid in mobility; includes crutches, wheelchairs, etc.	\$100 any insured	\$100 any insured
Specific injury and treatment benefits: <ul style="list-style-type: none"> • Fractures • Lacerations • Dislocations • Burns • Unintentional gunshot wounds • Eye injuries 	<ul style="list-style-type: none"> • Ruptured disc surgery • Tendon, ligament or rotator cuff surgery • Knee cartilage surgery • Abdominal or thoracic surgery 	\$25 - \$5,000 (according to schedule)	\$50 - \$10,000 (according to schedule)
Emergency dental work	Within 90 days after the accident	\$50-\$150 (according to schedule)	\$100-\$300 (according to schedule)

Benefit	Conditions	One-Unit Plan	Two Unit Plan
Prosthetic device/ artificial limb	Prescribed within one year after the accident	\$500 for one device/ limb; \$1,000 for more than one device/ limb	\$500 for one device/ limb; \$1,000 for more than one device/ limb
Transportation	For an insured person's non-local treatment including hospital confinement within 180 days after the accident	\$300 per round trip up to three round trips	\$300 per round trip up to three round trips
Lodging	For a companion accompanying an insured person for non-local treatment including hospital confinement within 180 days after the accident	\$100 per night up to 30 nights	\$100 per night up to 30 nights
Dismemberment (loss of toes, fingers, hands, feet, eyesight)	Within 90 days of accident	\$500-\$15,000 (according to schedule)	\$1,000-\$30,000 (according to schedule)
Blood, plasma or platelets	For transfusion, administration, cross matching, typing and processing within 90 days of the accident	\$300 employee \$200 spouse/ child	\$300 employee \$200 spouse/ child
Accidental death	Within 90 days after the accident; not paid if common carrier benefit paid	\$25,000 employee \$10,000 spouse \$5,000 child	\$50,000 employee \$20,000 spouse \$10,000 child
Accidental death - common carrier (commercial plane, bus, train, etc.)	Within 90 days after the accident	\$50,000 employee \$20,000 spouse \$10,000 child	\$100,000 employee \$40,000 spouse \$20,000 child

Wellness Benefit Rider

The Wellness Benefit Rider pays a benefit when a charge is incurred for a specific test or procedure from each of the two groups.

Group 1: \$50 per calendar year for each insured category (once for employee and spouse individually, once for children collectively) when a charge is incurred for one and only one of the following after the waiting period of 30 days following the issue date or 10 days following any reinstatement date.

- *Annual physical*
- *Blood test for triglycerides*
- *CA 19-9 (blood test for pancreatic cancer)*
- *Fast blood glucose test*
- *Hemocult stool analysis*
- *PSA (blood test for prostate cancer)*
- *Pap smear*
- *Vision/hearing exams*
- *Vaccinations (flu shot, pneumonia shot, tetanus shot, MMR, polio vaccine, chicken pox, diphtheria)*

Group 2: \$100 per calendar year for each insured category (once for employee and spouse individually, once for children collectively) when a charge is incurred for one and only one of the following after the waiting period of 30 days following the issue date or 10 days following any reinstatement date.

- *Biopsy for skin cancer*
- *Bone marrow biopsy and aspiration*
- *Breast ultrasound*
- *CA 15-3 (blood test for breast cancer)*
- *CA 125 (blood test for ovarian cancer)*
- *CEA (blood test for colon and cervical cancer)*
- *Chest X-ray*
- *Colonoscopy*
- *Flexible sigmoidoscopy*
- *Mammography*
- *Serum cholesterol test to determine level of HDL and LDL*
- *Serum protein electrophoresis (blood test for myeloma)*
- *Stress test (bicycle or treadmill)*
- *Thermography*

Eligible Persons

Available to employee, spouse and dependent children (same as policy/certificate).

Issue Ages

Employee and spouse 18+; children; birth to 25 years (age last birthday as of issue date; same as policy/certificate).

Limitations, Conditions and Exclusions

Accident Expense PRO 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.

Renewal

Accident Expense PRO is guaranteed renewable to age 70.

Termination

Coverage will terminate the earliest of the following: the date policy terminates for any reason; the date employee is no longer an employee; 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.

Waiting Period

The benefit payable under the Wellness Benefit Rider has a waiting period. Assurity will not pay benefits during the waiting period.

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; engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting; riding in or driving any motor-driven vehicle in a 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 mental or nervous disorders; 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); who is a dependent child incurring injuries during birth; having cosmetic surgery or other elective procedures that are not medically necessary; having dental treatment; having a hernia; committing or attempting to commit a felony; being incarcerated in a penal institution or government detention facility; driving any taxi for wage, compensation or profit; engaging in an illegal activity or occupation; intentionally self inflicting an injury; committing or attempting to commit suicide, while sane or insane; or traveling outside the U.S., except for those injuries that require emergency care in a hospital.

Semi-Monthly Rates (24 pay periods)		
Coverage	One Unit	Two Unit
Employee	\$9.07	\$11.03
Employee and Spouse	\$16.30	\$19.94
Employee and Children	\$14.31	\$17.62
Family	\$22.47	\$27.73

Policy/certificate and rider availability, features and rates may vary by state. This description of benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage.

There may be other reductions of benefits, limitations and exclusions. If this description conflicts in any way with the terms of the policy, the terms of the policy prevail. For costs and complete details of the coverage, please contact your agent, Assurity Life Insurance Company or ask to review the policy/certificate for more information.

All guarantees are based on the claims-paying abilities of Assurity Life Insurance Company.

This policy and riders are underwritten by Assurity Life Insurance Company, Lincoln, Neb.

Policy form Nos. *Individual*: WH1101 (24 hour) and WH1102 (Off the job);
 Rider form Nos. *Individual*: Wellness Benefit Rider R W1110;

A602-0415

Customer Service

Toll Free - 866.289.7337
To call in a Wellness claim - 800.869.0355 x.4484

