



# Accident Insurance

## Product Highlights

<b>Issue Ages</b>	Age last birthday as of issue date 18 through 70: Primary Insured Person or Spouse 15 days through 17 years: Primary Insured Person or Dependent
<b>Coverage Options</b>	<ul style="list-style-type: none"> <li>• 24 hour</li> <li>• Off-the-job</li> </ul>
<b>Plans &amp; Benefit Amounts</b>	<ul style="list-style-type: none"> <li>• 3 Plans: Base, Advantage and Complete</li> <li>• Coverage for families, individuals, or unique juvenile-only plans</li> <li>• Coverage benefits and benefit amounts vary by plan. See the benefit details.</li> </ul>
<b>Underwriting</b>	Guaranteed issue – no medical exams or tests to qualify
<b>Renewability</b>	Guaranteed renewable until the policy anniversary following the Primary Insured Person's 80th birthday.
<b>Premium modes</b>	Annual, Semi-Annual, Quarterly, Monthly
<b>Included Benefits</b>	Accidental Death Rider with a Common Carrier Benefit and Automobile Seatbelt Benefit
<b>Optional Riders (additional premium, not available in all states)</b>	<ul style="list-style-type: none"> <li>• Accident-Only Disability Income Rider</li> <li>• Preventive Care</li> </ul>
<b>Policy Fee</b>	None
<b>Electronic Application</b>	E-app only: <a href="https://quickstart.assurity.com/Agent-Accident">quickstart.assurity.com/Agent-Accident</a>

### Policy Benefits

Plans offered – Base, Advantage, and Complete – automatically include the policy benefits and Accidental Death Rider at the listed benefit amounts. Each benefit is subject to specific conditions for payment as detailed in the policy. 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. Benefits are paid when an insured person receives treatment or services described below for an injury sustained in a covered accident.

Benefit		Base	Advantage	Complete
<b>Initial Care</b>				
<b>Initial Accident Treatment</b> One physician's office, urgent care or ER visit per accident	Physician's Office	\$75	\$75	\$100
	Urgent Care Facility	\$75	\$75	\$100
	Emergency Room	\$150	\$150	\$200
<b>Telemedicine</b>		\$45	\$45	\$60

Benefit		Base	Advantage	Complete
<b>Emergency Care</b>				
<b>Ambulance</b>				
Transport to or from hospital, once per accident	Ground or Water	\$300	\$300	\$400
	Air	\$1,500	\$1,500	\$2,000
<b>Short-Stay Observation Unit</b>				
Held in hospital, without admission, after ER treatment		\$50	\$75	\$100
<b>Blood Products</b>				
Blood, Plasma or Platelets - Processing or transfusion		\$300	\$450	\$600
<b>X-Ray</b>				
		\$45	\$45	\$60
<b>Diagnostic Exam</b>				
CT, CAT, DTI, EEG, MRA, MRI, PET or SPECT		\$150	\$150	\$200
<b>Pain Management</b>	Epidural injection or Nerve Ablation/Block	\$100	\$150	\$200
	Steroid Injection	\$50	\$75	\$100
<b>Appliance</b>				
Rented or purchased, such as crutches or wheelchair		\$75	\$75	\$100
<b>Continued Care</b>				
<b>Follow-Up Treatment</b>				
Two per accident		\$50	\$75	\$100
<b>Rehabilitative Therapy</b>				
Physical, Occupational or Speech Therapy - Six per accident		\$30	\$45	\$60
<b>Chiropractic or Acupuncture</b>				
Three per accident		\$30	\$45	\$60
<b>Home Health Care</b>				
Six per accident		\$30	\$45	\$60
<b>Transportation</b>				
For physician treatment 50+ miles from residence; up to three round trips per accident	Ground	\$100	\$150	\$200
	Air	\$300	\$450	\$600
<b>Companion Lodging</b>				
For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 nights per accident		\$100	\$150	\$200
<b>Residence or Vehicle Modification</b>				
		\$1,000	\$1,500	\$2,000

Benefit		Base	Advantage	Complete
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## Everyday Injury Care

<b>Eye Injury</b>	Blunt Trauma, Corneal Abrasion or Removal of a Foreign Object	\$50	\$75	\$100	
	Surgery	\$200	\$300	\$400	
<b>Eye Injury Office Visit</b>		\$50	\$75	\$100	
<b>Emergency Dental</b>	Extraction	\$100	\$150	\$200	
	Natural tooth treatment provided by a dentist	Crown, Dentures, or Implants	\$250	\$375	\$500
<b>Emergency Dental Office Visit</b>		\$50	\$75	\$100	
<b>Laceration</b>	7.6 centimeters or more	\$200	\$300	\$400	
	Amount payable varies by length of laceration	2.6 to 7.5 centimeters	\$100	\$150	\$200
		2.5 centimeters or less	\$50	\$75	\$100
		Not requiring stitches or glue	\$30	\$45	\$60
		Puncture wound	\$30	\$45	\$60
<b>Burns</b>	3rd degree burns covering 35% or more of body	\$5,000	\$7,500	\$10,000	
	Amount payable varies by degree of burn and percentage of body affected	3rd degree burns covering 15% to 34% of body	\$2,500	\$3,750	\$5,000
		3rd degree burns covering less than 15% of body	\$500	\$750	\$1,000
		2nd degree burns covering 35% or more of body	\$500	\$750	\$1,000
		2nd degree burns covering 15% to 34% of body	\$250	\$375	\$500
	2nd degree burns covering less than 15% of body	\$50	\$75	\$100	
<b>Burns – Skin Graft</b>		50%	50%	50%	
Percentage of burn benefit					
<b>Poisoning</b>		\$50	\$75	\$100	

## Active Life Injury Care

<b>Fracture</b>	Skull (depressed)	\$1,500	\$2,250	\$3,000	
	Amount payable varies based on affected bone and treatment type. Listed benefits are for non-surgical treatment; surgical treatment benefit is double. Chip fractures pay 25% on the non-surgical benefit.	Hip, thigh (femur), acetabulum	\$1,350	\$2,025	\$2,700
		Pelvis (except coccyx)	\$1,350	\$2,025	\$2,700
		Lower leg (tibia, fibula)	\$825	\$1,238	\$1,650
		Shoulder blade (scapula)	\$825	\$1,238	\$1,650
		Upper arm (humerus)	\$825	\$1,238	\$1,650
		Ankle	\$600	\$900	\$1,200
		Collar bone (humerus)	\$600	\$900	\$1,200
		Elbow	\$600	\$900	\$1,200
		Forearm (radius, ulna)	\$600	\$900	\$1,200
		Kneecap (patella)	\$600	\$900	\$1,200
		Skull (non-depressed)	\$600	\$900	\$1,200
		Sternum	\$600	\$900	\$1,200
		Foot (except toes)	\$525	\$788	\$1,050

Benefit		Base	Advantage	Complete
	Hand (except fingers) or wrist	\$525	\$788	\$1,050
	Vertebrae (except vertebral process)	\$450	\$675	\$900
	Lower jaw (mandible except for alveolar process)	\$300	\$450	\$600
	Two or more ribs	\$300	\$450	\$600
	Bones of face or nose	\$225	\$338	\$450
	Two or more fingers or toes	\$225	\$338	\$450
	Upper jaw	\$225	\$338	\$450
	Vertebral process	\$225	\$338	\$450
	Rib	\$150	\$225	\$300
	Coccyx	\$105	\$158	\$210
	One finger or toe	\$105	\$158	\$210
	Sacrum	\$105	\$158	\$210
<b>Dislocation</b>				
Amount payable varies based on affected joint or bone. Listed benefits are for non-surgical treatment; surgical treatment benefit is double. For surgery without anesthesia or an incomplete dislocation, 25% of the benefit is payable.	Hip joint	\$1,500	\$2,250	\$3,000
	Ankle joint	\$600	\$900	\$1,200
	Bones(s) of foot (except toes)	\$600	\$900	\$1,200
	Knee joint (except patella)	\$600	\$900	\$1,200
	Wrist joint	\$525	\$788	\$1,050
	Elbow joint	\$450	\$675	\$900
	Collar bone (sternoclavicular)	\$375	\$563	\$750
	Lower jaw	\$375	\$563	\$750
	Shoulder joint	\$300	\$450	\$600
	Bone(s) of hand (except fingers)	\$225	\$338	\$450
	Two or more fingers or toes	\$105	\$158	\$210
	Collar bone (acromioclavicular)	\$75	\$113	\$150
	One finger or toe	\$45	\$68	\$90
<b>Head Injury</b>				
Concussion or traumatic brain injury	Traumatic Brain Injury	\$500	\$750	\$1,000
	Concussion	\$50	\$75	\$100

## Specific Injury Care

<b>Organized Sports Injury</b>				
Percentage of all other payable benefits if injured during amateur organized athletic competition or supervised practice for such; up to \$1,000		25%	25%	25%
<b>Motor Vehicle Injury</b>				
Percentage of all other payable benefits if injured while driving or riding in an automobile not being used for wage, compensation or profit; up to \$1,000		10%	10%	10%

Benefit		Base	Advantage	Complete
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## Catastrophic Care

<b>Paralysis</b> Lasting 90+ days, diagnosed permanent; one quadriplegia, hemiplegia or paraplegia benefit per lifetime	Quadriplegia	\$20,000	\$30,000	\$40,000
	Paraplegia or Hemiplegia	\$10,000	\$15,000	\$20,000
<b>Coma</b> Not medically induced or the result of drug or alcohol use		\$15,000	\$22,500	\$30,000
<b>Loss of Use</b> Loss of sight, hearing or speech	Loss of sight in both eyes	\$20,000	\$30,000	\$40,000
	Loss of hearing in both ears	\$20,000	\$30,000	\$40,000
	Loss of speech	\$20,000	\$30,000	\$40,000
	Loss of sight in one eye	\$10,000	\$15,000	\$20,000
<b>Dismemberment</b> Loss of arm, leg, foot, finger, or toe.	Both hands or both arms	\$10,000	\$15,000	\$20,000
	Both feet or both legs	\$10,000	\$15,000	\$20,000
	One hand or arm and one foot or leg	\$10,000	\$15,000	\$20,000
	One hand or one arm	\$5,000	\$7,500	\$10,000
	One foot or one leg	\$5,000	\$7,500	\$10,000
	One or more entire toes	\$1,000	\$1,500	\$2,000
	One or more entire fingers	\$1,000	\$1,500	\$2,000
<b>Prosthetic Devices</b> Not including hearing or dental aids, eyeglasses, cosmetic devices, or joint replacements.	One Device	\$1,000	\$1,500	\$2,000
	Multiple Devices	\$2,000	\$3,000	\$4,000

## Hospital Care

<b>Hospital Admission</b> Once per accident; once per calendar year		\$1,000	\$1,500	\$2,000
<b>Hospital Confinement</b> Up to 365 days per accident		\$200	\$300	\$400
<b>Hospital Observation</b> Once per accident		\$500	\$750	\$1,000
<b>Hospital Observation Stay</b> Once per accident based on hours of observation	20 to 48 hours	\$100	\$150	\$200
	49 or more hours	\$200	\$300	\$400
<b>Intensive Care Unit Admission</b> Once per accident; once per calendar year		\$1,500	\$2,250	\$3,000
<b>Intensive Care Unit Confinement</b> Up to 30 days per accident		\$300	\$450	\$600

Benefit	Base	Advantage	Complete
<b>Rehabilitation Unit Confinement</b> Up to 30 days per accident; 60 days per calendar year	\$200	\$300	\$400
<b>Family Care</b> For all dependent children, by licensed provider, while insured is confined to a hospital; up to 30 days per accident	\$30	\$45	\$60
<b>Pet Care</b> For pet care, by an independent provider, while an insured is confined to a hospital up; to 30 days per accident	\$30	\$45	\$60
<b>Recovery</b> If unable to work after surgery or hospital confinement; up to six days per accident	\$50	\$75	\$100

## Surgical Care

<b>General Surgery</b> Open Abdominal, Thoracic, Cranial or Hernia surgery with repair, or laparoscopic surgery for diagnostic purposes only	Abdominal, Thoracic, or Cranial with Repair	\$1,000	\$1,500	-
	Hernia with Repair	\$250	\$375	-
	Laparoscopic without Repair	\$250	\$375	-
	Tendon, Ligament, Rotator Cuff, or Knee Cartilage with Repair	\$500	\$750	-
<b>Orthopedic Surgery</b>	Ruptured Disc with Repair	\$500	\$750	-
	Arthroscopic without Repair	\$250	\$375	-
<b>Inpatient Surgery</b> Inpatient surgery for an injury requiring anesthesia		-	-	\$2,000
<b>Outpatient Surgery</b> Outpatient surgery for an injury requiring anesthesia		-	-	\$500

## Accidental Death Rider (Included Benefit)

<b>Accidental Death</b>	Primary Insured	\$10,000	\$25,000	\$50,000
	Spouse	\$10,000	\$25,000	\$50,000
	Child	\$2,500	\$6,250	\$12,500
<b>Accidental Death – Common Carrier</b> Additional benefit if fare-paying passenger on common carrier	Primary Insured	\$10,000	\$25,000	\$50,000
	Spouse	\$10,000	\$25,000	\$50,000
	Child	\$2,500	\$6,250	\$12,500
<b>Accidental Death – Automobile Seatbelt</b> Additional benefit if seatbelt in use	Primary Insured	\$2,500	\$6,250	\$12,500
	Spouse	\$2,500	\$6,250	\$12,500
	Child	\$625	\$1,563	\$3,125

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