

## Group Accident Expense Benefits:

<b>Emergency Care</b> Payable within 60 days of accident unless otherwise noted	<b>Benefit</b>
<b>Initial Accident Treatment</b> One physician's office, urgent care or ER visit per accident Within 60 days of accident for doctor's office and urgent care; within 30 days of accident for Emergency Room	\$125 - Dr. office \$125 - Urgent Care \$250 - ER
<b>Telemedicine Treatment</b>	\$50
<b>Ambulance</b> Transport to/from hospital(s)	\$250 - ground \$750 - air
<b>Additional benefits for:</b> X-Rays and Diagnostic Exams, Blood, Plasma or Platelets and ER Observation	<i>See schedule for specific benefit conditions and amounts</i>
<b>Supportive Care</b> Payable if Initial Accident Treatment or Telemedicine Treatment benefit was paid for same injury Payable within 180 days of accident unless otherwise noted	<b>Benefit</b>
<b>Follow-Up Treatment</b> (Used with Initial Accident Treatment) paid twice per accident	\$75
<b>Physical, Occupational or Speech Therapy</b> Paid up to six times per accident	\$45
<b>Transportation</b> More than 50 miles from home, paid three times per accident	\$150 - ground \$375 - air
<b>Lodging</b> More than 100 miles from home	\$150
<b>Chiropractic/Acupuncture Treatment</b> Paid up to two times/accident	\$45
<b>Epidural Pain Management</b>	\$75
<b>Additional benefits for:</b> Prescriptions, Supplies, Appliances, Prosthetic Devices, Residence/Vehicle Modification	<i>See schedule for specific benefit conditions and amounts</i>
<b>Specific Injury Care</b>	<b>Benefit</b>
<b>Burns</b> Benefit varies by degree of burn and percentage of body affected; within 30 days	\$1,750
<b>Concussion</b> Not payable if traumatic brain injury benefit is paid; within 30 days	\$87.50
<b>Dental Emergency</b> Within 60 days	\$350 - crown \$105 - extraction
<b>Dislocation</b> Treated by physician; within 180 days (see schedule for multiplier)	\$7,000 Open reduction \$3,500 Closed reduction
<b>Fracture</b> X-Ray visible; requires correction; reduced benefit for bone chip; within 60 days (see schedule for multiplier)	\$7,000 Open reduction \$3,500 Closed reduction
<b>Lacerations</b> Payable percent of benefit shown varies by length of laceration; within 30 days	\$175
<b>Additional Benefits</b>	<b>Benefit</b>
<b>Child Organized Sport</b> Benefit if injury is sustained while participating in an organized sport; within 60 days	Pays an additional 10%
Skin graft from burns, Coma, Ear or Eye injury, Traumatic Brain Injury, Gunshot wound, Occupational HIV, Paralysis, Poisoning, Post-Traumatic Stress Disorder	<i>See schedule for specific benefit conditions and amounts</i>

This table provides an abbreviated explanation of the policy's benefits, limitations and exclusions. The accidental conditions have specific qualifying periods and other provisions, please contact your agent or Assurity to review the policy for more information.

## Group Accident Expense Benefits:

<b>Hospital Care</b> Daily benefits and payable within 180 days of accident unless otherwise noted	<b>Benefit</b>
<b>Hospital Admission</b> Paid once per calendar year	\$1,250
<b>Hospital Confinement</b> Per day up to 365 days. Not paid concurrent with ICU, Sub-Acute ICU and Rehab Unit	\$250
<b>Intensive Care</b> Per day up to 30 days. Not paid concurrent with Confinement, Sub-Acute ICU and Rehab Unit	\$500
<b>Hospital Confinement - Child Care</b> Pays child care while insured is hospitalized, up to 30 days.	\$50
<b>Additional benefits for:</b> Sub-Acute Intensive Care, Rehabilitation Unit	<i>See schedule for specific benefit conditions and amounts</i>
<b>Surgical Care</b> Payable within 180 days of accident unless otherwise noted	<b>Benefit</b>
<b>Open Abdominal, Thoracic or Cranial Surgery</b> Internal Injury Repair. Within 180 days of accident.	\$1,500
<b>Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery</b> Must be repaired or Exploratory Surgery benefit is payable.	\$750
<b>Ruptured Disc Surgery</b>	\$750
<b>Anesthesia (general)</b>	\$150
<b>Additional benefits for:</b> Hernia Surgery, Exploratory Surgery, Misc. Outpatient Surgery	<i>See schedule for specific benefit conditions and amounts</i>
<b>Preventive Care</b>	<b>Benefit</b>
<b>Wellness Benefits</b> Pays a benefit for many common health procedures like blood screening for triglycerides or cholesterol, annual check-up, routine eye exam, immunization and more.	\$25

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## Group Accident Expense Biweekly Rates (24-hour Coverage):

Coverage	Amount
Employee	\$5.71
Employee and Spouse	\$10.10
Employee and Children	\$11.51
Family	\$17.31

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 Rider Form Nos. R G1712C Accidental Death and Dismemberment Rider; R G1710C Outpatient Care Rider; R G1711C Hospital Sickness Rider and R G1709/R G1709C Accident-Only Disability Income Rider underwritten by Assurity Life Insurance Company, Lincoln, NE. This policy may contain reduction of benefits, limitations and exclusions. For costs and complete details of the coverage, please contact your agent, Assurity or ask to review the policy/certificate for more information.