



# 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.

PREPARED FOR  
**Missouri**

## Group Accident Expense Insurance

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 1	TIER 2
<b>Initial Accident Treatment</b> One physician's office, urgent care or ER visit per accident	\$75 Physician Office \$75 Urgent Care \$150 Emergency Room	\$100 Physician Office \$100 Urgent Care \$200 Emergency Room
<b>Telemedicine Treatment</b>	\$30	\$40
<b>Ambulance</b> Transport to or from hospital; one ground or air per accident	\$150 Ground \$450 Air	\$200 Ground \$600 Air
<b>X-Ray</b>	\$150	\$200
<b>Diagnostic Exams</b> CT, CAT, MRI or EEG	\$75	\$100
<b>Blood, Plasma or Platelets</b> Processing or transfusion	\$450	\$600
<b>Emergency Room Observation Unit</b> Held in hospital, without admission, after ER treatment	\$37.5 Held 4-20 hrs. \$75 Held 20+ hrs.	\$50 Held 4-20 hrs. \$100 Held 20+ hrs.
<b>Supportive Care</b> - Payable only if Initial Accident Treatment or Telemedicine Treatment benefit was paid for the same injury	<b>TIER 1</b>	<b>TIER 2</b>
<b>Follow-Up Treatment</b> Two per accident	\$75	\$100
<b>Physical, Occupational or Speech Therapy</b> Six per accident	\$45	\$60
<b>Chiropractic or Acupuncture Treatment</b> Six per accident	\$45	\$60
<b>Epidural Pain Management</b>	\$75	\$100
<b>Prescription Medication</b> Other than while confined in hospital or nursing home; six per calendar year	\$7.50	\$10.00
<b>Medical Supplies</b> Over-the-counter: once per accident; three per calendar year	\$7.50	\$10.00
<b>Appliance</b> Rented or purchased, such as crutches or wheelchair	\$187.50	\$250.00
<b>Prosthetic Devices</b> Not including hearing or dental aids, eyeglasses or cosmetic devices	\$750 Single \$1,500 Multiple	\$1,000 Single \$2,000 Multiple
<b>Residence or Vehicle Modification</b>	\$750	\$1,000
<b>Transportation</b> For physician treatment 50+ miles from residence; up to three round trips per accident	\$150 Ground \$375 Air	\$200 Ground \$500 Air
<b>Lodging</b> For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	\$150	\$200

<b>Specific Injury Care</b>	<b>TIER 1</b>	<b>TIER 2</b>
<b>Burns</b> Payable percent of benefit shown varies by degree of burn and percentage of body affected	\$750	\$1,000
<b>Burns – Skin Graft</b> Percentage of burn benefits	50%	50%
<b>Child Organized Sports</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%
<b>Coma</b> Not medically induced or the result of drug or alcohol use	\$15,000	\$20,000
<b>Concussion</b> Not payable if traumatic brain injury benefit is paid	\$37.50	\$50.00
<b>Dental Emergency</b> Natural tooth treatment provided by a dentist	\$150 Crown \$45 Extraction	\$200 Crown \$60 Extraction
<b>Dislocation</b> Payable percent of benefit shown varies by joint or bone and degree of dislocation	\$3,000 Open Reduction \$1,500 Closed Reduction	\$4,000 Open Reduction \$2,000 Closed Reduction
<b>Ear Injury</b> Resulting in hearing loss greater than 60%; once per lifetime	\$150	\$200
<b>Eye Injury</b> Requiring surgery or removal of foreign object	\$150	\$200
<b>Fracture</b> Payable percent of benefit shown varies based on joint or bone, open or closed reduction, or chip	\$3,000 Open Reduction \$1,500 Closed Reduction	\$4,000 Open Reduction \$2,000 Closed Reduction
<b>Gunshot Wound</b> Requires hospitalization and surgery	\$750	\$1,000
<b>Laceration</b> Payable percent of benefit shown varies by length of laceration	\$75	\$100
<b>Occupational HIV</b> Not available with off-the-job coverage	\$450	\$600
<b>Paralysis</b> Lasting 90+ days, diagnosed permanent; one quadriplegia or paraplegia benefit per lifetime	\$22,500 Quadriplegia \$11,250 Paraplegia	\$30,000 Quadriplegia \$15,000 Paraplegia
<b>Poisoning</b>	\$37.50	\$50.00
<b>Post-Traumatic Stress Disorder</b>	\$300	\$400
<b>Traumatic Brain Injury</b> Diagnosed by CT, CAT, MRI, EEG, PET, or X-Ray	\$450	\$600
<b>Hospital Care - Daily benefits unless otherwise noted</b>	<b>TIER 1</b>	<b>TIER 2</b>
<b>Hospital Admission</b> Once per accident; once per calendar year	\$750	\$1,000
<b>Hospital Confinement</b> Up to 365 days per accident	\$150	\$200
<b>Intensive Care Unit</b> Up to 30 days per accident	\$300	\$400
<b>Sub-Acute Intensive Care Unit</b> Up to 30 days per accident	\$225	\$300
<b>Rehabilitation Unit</b> Up to 30 days per accident; 60 days per calendar year	\$150	\$200
<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

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

<b>Accidental Death and Dismemberment Rider (Form R G1712C)</b>	<b>TIER 1</b>	<b>TIER 2</b>
<b>Accidental Death and unless otherwise noted below</b> 50% spouse/25% child; not payable if Accidental Death-Common Carrier benefit is paid	\$30,000	\$40,000
<b>Accidental Death – Seatbelt</b> Additional benefit if seatbelt in use; 50% spouse/25% child	\$7,500	\$10,000
<b>Accidental Death – Common Carrier</b> If fare-paying passenger on common carrier; 50% spouse/25% child	\$75,000	\$100,000
<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
<b>Accidental Dismemberment</b> Percent of benefit shown varies by body part; 50% spouse/25% child	\$30,000	\$40,000

# Group Accident Expense Insurance

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**Employer:** Missouri  
**Issue State:** MO  
**Coverage Type:** 24 Hour

**Plan Type:** TIER 1 (1.5 units)  
**Rider(s):** None

Monthly Premium Rates	
Coverage	Rate
Employee	\$8.52
Employee and Spouse	\$14.70
Employee and Children	\$14.88
Family	\$22.59

**Plan Type:** TIER 2 (2 units)  
**Rider(s):** None

Monthly Premium Rates	
Coverage	Employee
Employee	\$11.36
Employee and Spouse	\$19.60
Employee and Children	\$19.84
Family	\$30.12

EM1.5,SU1.5-6,SP1.5,HA1.5,SG1.5,AD1.5- 5

EM2,SU2-6,SP2,HA2,SG2,AD2- 5

## Group Accident Expense Insurance

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	TIER 4
<b>Initial Accident Treatment</b> One physician's office, urgent care or ER visit per accident	\$150 Physician Office \$150 Urgent Care \$300 Emergency Room	\$200 Physician Office \$200 Urgent Care \$400 Emergency Room
<b>Telemedicine Treatment</b>	\$60	\$80
<b>Ambulance</b> Transport to or from hospital; one ground or air per accident	\$300 Ground \$900 Air	\$400 Ground \$1200 Air
<b>X-Ray</b>	\$300	\$400
<b>Diagnostic Exams</b> CT, CAT, MRI or EEG	\$150	\$200
<b>Blood, Plasma or Platelets</b> Processing or transfusion	\$900	\$1,200
<b>Emergency Room Observation Unit</b> Held in hospital, without admission, after ER treatment	\$75 Held 4-20 hrs. \$150 Held 20+ hrs.	\$100 Held 4-20 hrs. \$200 Held 20+ hrs.
<b>Supportive Care</b> - Payable only if Initial Accident Treatment or Telemedicine Treatment benefit was paid for the same injury	<b>TIER 3</b>	<b>TIER 4</b>
<b>Follow-Up Treatment</b> Two per accident	\$150	\$200
<b>Physical, Occupational or Speech Therapy</b> Six per accident	\$90	\$120
<b>Chiropractic or Acupuncture Treatment</b> Six per accident	\$90	\$120
<b>Epidural Pain Management</b>	\$150	\$200
<b>Prescription Medication</b> Other than while confined in hospital or nursing home; six per calendar year	\$15.00	\$20.00
<b>Medical Supplies</b> Over-the-counter: once per accident; three per calendar year	\$15.00	\$20.00
<b>Appliance</b> Rented or purchased, such as crutches or wheelchair	\$375.00	\$500.00
<b>Prosthetic Devices</b> Not including hearing or dental aids, eyeglasses or cosmetic devices	\$1,500 Single \$3,000 Multiple	\$2,000 Single \$4,000 Multiple
<b>Residence or Vehicle Modification</b>	\$1,500	\$2,000
<b>Transportation</b> For physician treatment 50+ miles from residence; up to three round trips per accident	\$300 Ground \$750 Air	\$400 Ground \$1,000 Air
<b>Lodging</b> For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	\$300	\$400

<b>Specific Injury Care</b>	<b>TIER 3</b>	<b>TIER 4</b>
<b>Burns</b> Payable percent of benefit shown varies by degree of burn and percentage of body affected	\$1,500	\$2,000
<b>Burns – Skin Graft</b> Percentage of burn benefits	50%	50%
<b>Child Organized Sports</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%
<b>Coma</b> Not medically induced or the result of drug or alcohol use	\$30,000	\$40,000
<b>Concussion</b> Not payable if traumatic brain injury benefit is paid	\$75.00	\$100.00
<b>Dental Emergency</b> Natural tooth treatment provided by a dentist	\$300 Crown \$90 Extraction	\$400 Crown \$120 Extraction
<b>Dislocation</b> Payable percent of benefit shown varies by joint or bone and degree of dislocation	\$6,000 Open Reduction \$3,000 Closed Reduction	\$8,000 Open Reduction \$4,000 Closed Reduction
<b>Ear Injury</b> Resulting in hearing loss greater than 60%; once per lifetime	\$300	\$400
<b>Eye Injury</b> Requiring surgery or removal of foreign object	\$300	\$400
<b>Fracture</b> 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	\$8,000 Open Reduction \$4,000 Closed Reduction
<b>Gunshot Wound</b> Requires hospitalization and surgery	\$1,500	\$2,000
<b>Laceration</b> Payable percent of benefit shown varies by length of laceration	\$150	\$200
<b>Occupational HIV</b> Not available with off-the-job coverage	\$900	\$1,200
<b>Paralysis</b> Lasting 90+ days, diagnosed permanent; one quadriplegia or paraplegia benefit per lifetime	\$45,000 Quadriplegia \$22,500 Paraplegia	\$60,000 Quadriplegia \$30,000 Paraplegia
<b>Poisoning</b>	\$75.00	\$100.00
<b>Post-Traumatic Stress Disorder</b>	\$600	\$800
<b>Traumatic Brain Injury</b> Diagnosed by CT, CAT, MRI, EEG, PET, or X-Ray	\$900	\$1,200
<b>Hospital Care - Daily benefits unless otherwise noted</b>	<b>TIER 3</b>	<b>TIER 4</b>
<b>Hospital Admission</b> Once per accident; once per calendar year	\$1,500	\$2,000
<b>Hospital Confinement</b> Up to 365 days per accident	\$300	\$400
<b>Intensive Care Unit</b> Up to 30 days per accident	\$600	\$800
<b>Sub-Acute Intensive Care Unit</b> Up to 30 days per accident	\$450	\$600
<b>Rehabilitation Unit</b> Up to 30 days per accident; 60 days per calendar year	\$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	\$60	\$80

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

<b>Accidental Death and Dismemberment Rider (Form R G1712C)</b>	<b>TIER 3</b>	<b>TIER 4</b>
<b>Accidental Death and unless otherwise noted below</b> 50% spouse/25% child; not payable if Accidental Death-Common Carrier benefit is paid	\$60,000	\$80,000
<b>Accidental Death – Seatbelt</b> Additional benefit if seatbelt in use; 50% spouse/25% child	\$15,000	\$20,000
<b>Accidental Death – Common Carrier</b> If fare-paying passenger on common carrier; 50% spouse/25% child	\$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	\$1,500	\$2,000
<b>Accidental Dismemberment</b> Percent of benefit shown varies by body part; 50% spouse/25% child	\$60,000	\$80,000



# Group Accident Expense Insurance

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**Employer:** Missouri  
**Issue State:** MO  
**Coverage Type:** 24 Hour

**Plan Type:** TIER 3 (3 units)  
**Rider(s):** None

Monthly Premium Rates	
Coverage	Rate
Employee	\$17.04
Employee and Spouse	\$29.40
Employee and Children	\$29.76
Family	\$45.18

**Plan Type:** TIER 4 (4 units)  
**Rider(s):** None

Monthly Premium Rates	
Coverage	Employee
Employee	\$22.72
Employee and Spouse	\$39.20
Employee and Children	\$39.68
Family	\$60.24

EM3,SU3-6,SP3,HA3,SG3,AD3- 5

EM4,SU4-6,SP4,HA4,SG4,AD4- 5

# Group Accident Expense Insurance

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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;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting, mountain or rock climbing, B.A.S.E. jumping, sky diving or cave diving;
- riding in or driving any motor-driven vehicle in an organized 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 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;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane.

No benefits, except the Initial Accident Treatment benefit, will be payable for services provided outside of the United States.

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.