



Accident Insurance

Product Highlights

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

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
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Initial Care

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

Benefit	Base	Advantage	Complete
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Emergency Care

Ambulance Transport to or from hospital, once per accident	Ground or Water Air	\$300 \$1,500	\$300 \$1,500	\$400 \$2,000
Short-Stay Observation Unit Held in hospital, without admission, after ER treatment		\$50	\$75	\$100
Blood Products Blood, Plasma or Platelets - Processing or transfusion		\$300	\$450	\$600
X-Ray		\$45	\$45	\$60
Diagnostic Exam CT, CAT, DTI, EEG, MRA, MRI, PET or SPECT		\$150	\$150	\$200
Pain Management	Epidural injection or Nerve Ablation/Block Steroid Injection	\$100 \$50	\$150 \$75	\$200 \$100
Appliance Rented or purchased, such as crutches or wheelchair		\$75	\$75	\$100

Continued Care

Follow-Up Treatment Two per accident		\$50	\$75	\$100
Rehabilitative Therapy Physical, Occupational or Speech Therapy - Six per accident		\$30	\$45	\$60
Chiropractic or Acupuncture Three per accident		\$30	\$45	\$60
Home Health Care Six per accident		\$30	\$45	\$60
Transportation For physician treatment 50+ miles from residence; up to three round trips per accident	Ground Air	\$100 \$300	\$150 \$450	\$200 \$600
Companion Lodging For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 nights per accident		\$100	\$150	\$200
Residence or Vehicle Modification		\$1,000	\$1,500	\$2,000

Benefit		Base	Advantage	Complete
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Everyday Injury Care

Eye Injury	Blunt Trauma, Corneal Abrasion or Removal of a Foreign Object	\$50	\$75	\$100
	Surgery	\$200	\$300	\$400
Eye Injury Office Visit		\$50	\$75	\$100
Emergency Dental	Extraction	\$100	\$150	\$200
Natural tooth treatment provided by a dentist	Crown, Dentures, or Implants	\$250	\$375	\$500
Emergency Dental Office Visit		\$50	\$75	\$100
Laceration	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
Burns	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
Burns – Skin Graft		50%	50%	50%
Percentage of burn benefit				
Poisoning		\$50	\$75	\$100

Active Life Injury Care

Fracture	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
Dislocation 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
Head Injury Concussion or traumatic brain injury	Traumatic Brain Injury	\$500	\$750	\$1,000
	Concussion	\$50	\$75	\$100
Specific Injury Care				
Organized Sports Injury 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%
Motor Vehicle Injury 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
Catastrophic Care				
Paralysis Lasting 90+ days, diagnosed permanent; one quadriplegia, hemiplegia or paraplegia benefit per lifetime	Quadriplegia Paraplegia or Hemiplegia	\$20,000 \$10,000	\$30,000 \$15,000	\$40,000 \$20,000
Coma Not medically induced or the result of drug or alcohol use		\$15,000	\$22,500	\$30,000
Loss of Use Loss of sight, hearing or speech	Loss of sight in both eyes Loss of hearing in both ears Loss of speech Loss of sight in one eye	\$20,000 \$20,000 \$20,000 \$10,000	\$30,000 \$30,000 \$30,000 \$15,000	\$40,000 \$40,000 \$40,000 \$20,000
Dismemberment Loss of arm, leg, foot, finger, or toe.	Both hands or both arms Both feet or both legs One hand or arm and one foot or leg One hand or one arm One foot or one leg One or more entire toes One or more entire fingers	\$10,000 \$10,000 \$10,000 \$5,000 \$5,000 \$1,000 \$1,000	\$15,000 \$15,000 \$15,000 \$7,500 \$7,500 \$1,500 \$1,500	\$20,000 \$20,000 \$20,000 \$10,000 \$10,000 \$2,000 \$2,000
Prosthetic Devices Not including hearing or dental aids, eyeglasses, cosmetic devices, or joint replacements.	One Device Multiple Devices	\$1,000 \$2,000	\$1,500 \$3,000	\$2,000 \$4,000
Hospital Care				
Hospital Admission Once per accident; once per calendar year		\$1,000	\$1,500	\$2,000
Hospital Confinement Up to 365 days per accident		\$200	\$300	\$400
Hospital Observation Once per accident		\$500	\$750	\$1,000
Hospital Observation Stay Once per accident based on hours of observation	20 to 48 hours 49 or more hours	\$100 \$200	\$150 \$300	\$200 \$400
Intensive Care Unit Admission Once per accident; once per calendar year		\$1,500	\$2,250	\$3,000
Intensive Care Unit Confinement Up to 30 days per accident		\$300	\$450	\$600

Benefit		Base	Advantage	Complete
Rehabilitation Unit Confinement Up to 30 days per accident; 60 days per calendar year		\$200	\$300	\$400
Family Care For all dependent children, by licensed provider, while insured is confined to a hospital; up to 30 days per accident		\$30	\$45	\$60
Pet Care For pet care, by an independent provider, while an insured is confined to a hospital up; to 30 days per accident		\$30	\$45	\$60
Recovery If unable to work after surgery or hospital confinement; up to six days per accident		\$50	\$75	\$100
Surgical Care				
General Surgery Open Abdominal, Thoracic, Cranial or Hernia surgery with repair, or laparoscopic surgery for diagnostic purposes only	Abdominal, Thoracic, or Cranial with Repair Hernia with Repair Laparoscopic without Repair	\$1,000 \$250 \$250	\$1,500 \$375 \$375	- - -
Orthopedic Surgery	Tendon, Ligament, Rotator Cuff, or Knee Cartilage with Repair	\$500	\$750	-
	Ruptured Disc with Repair Arthroscopic without Repair	\$500 \$250	\$750 \$375	- -
Inpatient Surgery Inpatient surgery for an injury requiring anesthesia		-	-	\$2,000
Outpatient Surgery Outpatient surgery for an injury requiring anesthesia		-	-	\$500
Accidental Death Rider (Included Benefit)				
Accidental Death	Primary Insured Spouse Child	\$10,000 \$10,000 \$2,500	\$25,000 \$25,000 \$6,250	\$50,000 \$50,000 \$12,500
Accidental Death – Common Carrier Additional benefit if fare-paying passenger on common carrier	Primary Insured Spouse Child	\$10,000 \$10,000 \$2,500	\$25,000 \$25,000 \$6,250	\$50,000 \$50,000 \$12,500
Accidental Death – Automobile Seatbelt Additional benefit if seatbelt in use	Primary Insured Spouse Child	\$2,500 \$2,500 \$625	\$6,250 \$6,250 \$1,563	\$12,500 \$12,500 \$3,125

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