

# Accident Expense Insurance



## Plan for the Unexpected

The average deductible for all covered workers rose from \$303 to \$1,077 between 2006 and 2015.

### 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.

Emergency Care	TIER 1
<b>Initial Accident Treatment</b> One physician's office, urgent care or ER visit per accident	\$75 Physician Office/Urgent Care \$150 Emergency Room
<b>Telemedicine Treatment</b>	\$30
<b>Ambulance</b> Transport to or from hospital; one ground or air per accident	\$150 Ground / \$450 Air
<b>X-Ray</b>	\$150
<b>Diagnostic Exams</b> CT, CAT, MRI or EEG	\$75
<b>Blood, Plasma or Platelets</b> Processing or transfusion	\$450
<b>Emergency Room Observation Unit</b> Held in hospital, without admission, after ER treatment	\$37.50 Held 4-20 hours \$75 Held 20+ hours
Supportive Care	TIER 1
Payable only if Initial Accident Treatment or Telemedicine Treatment benefit was paid for the same injury	
<b>Follow-up Treatment</b> Two per accident	\$75
<b>Physical, Occupational or Speech Therapy</b> Six per accident	\$45
<b>Medical Supplies</b> Over-the-counter; Once per accident; Three per calendar year	\$7.50
<b>Transportation</b> For physician treatment 50+ miles from residence; up to three round trips per accident	\$150 Ground / \$375 Air
<b>Lodging</b> For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	\$150
Specific Injury Care	TIER 1
<b>Burns</b> Payable percent of benefit shown varies by degree of burn and percentage of body affected	\$750
<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%
<b>Concussion</b> Not payable if traumatic brain injury benefit is paid	\$37.50
<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
<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
<b>Poisoning</b>	\$37.50

For additional plan details and coverages, please refer to the complete plan document

1: Kaiser Family Foundation 2015 Employer Health Benefits Survey.



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<b>Hospital Care</b> Daily benefits unless otherwise noted		<b>TIER 1</b>
<b>Hospital Admission</b> Once per accident, once per year		\$750
<b>Hospital Confinement</b> Up to 365 days per accident		\$150
<b>Intensive Care Unit</b> Up to 30 days per accident		\$300
<b>Rehabilitation Unit</b> Up to 30 days per accident; 60 days per calendar year		\$150
<b>Surgical Care</b>		<b>TIER 1</b>
<b>Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery</b>		\$750
<b>Exploratory Surgery</b> Diagnostic arthroscopic or laparoscopic and not payable if any other surgery benefit is paid		\$375
<b>Miscellaneous Outpatient Surgery</b> Requires anesthesia and not payable if any other surgery benefit is paid		\$150
<b>Anesthesia</b> Administered for a payable surgery benefit		\$150
<b>Preventative Care Rider (Form R G1723C)</b>		<b>TIER 1</b>
<b>Wellness Benefits</b> <ul style="list-style-type: none"> <li>Blood screening for triglycerides, cholesterol, HDL, LDL or fasting blood glucose</li> <li>Annual physical exam or routine eye exam</li> <li>Immunizations</li> </ul> Once per day, up to two per insured per calendar year; maximum of four for all insured persons combined per calendar year		\$25
<b>Accidental Death and Dismemberment Rider (Form R G1712C)</b>		<b>TIER 1</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
<b>Accidental Death - Seatbelt</b> Additional benefit if seatbelt in use; 50% spouse/25% child		\$7,500
<b>Accidental Death – Common Carrier</b> If fare-paying passenger on common carrier; 50% spouse/25% child		\$75,000
<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
<b>Accidental Dismemberment</b> Percent of benefit shown varies by body part; 50% spouse/25% child		\$30,000

## Monthly Premium Rates

Coverage	Rate
Employee	\$6.89
Employee and Legal Spouse	\$11.94
Employee and Child(ren)	\$14.38
Family	\$21.20

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