

Assurity®

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# Accident Insurance







## The hard truth about accidents? Injuries affect your health. Medical bills affect your wallet.

We can't always predict what amount will be covered by medical insurance and what expenses will be up to us. As inflation and rising deductibles stretch budgets thin, you can help protect yourself from extra debt, keep your savings intact, and stay on track with the purchases you really want to make.

Take care of your family and financial wellbeing with Assurity Accident Insurance, which pays cash benefits for expenses that may not be fully covered by major medical insurance.

You'll have the comfort of knowing there's extra protection in place – paying above and beyond your primary health insurance.

It's easy to think accidents won't happen to you. But the numbers say otherwise.

Every year,

# 1 in 5

Americans seek medical treatment for injuries. Here's where they occur the most:\*



**Home**  
**35.9 Million**



**Auto**  
**5.2 Million**



**Work**  
**4.1 Million**

# Advantages

Accident Insurance plans come with features to make life easier.



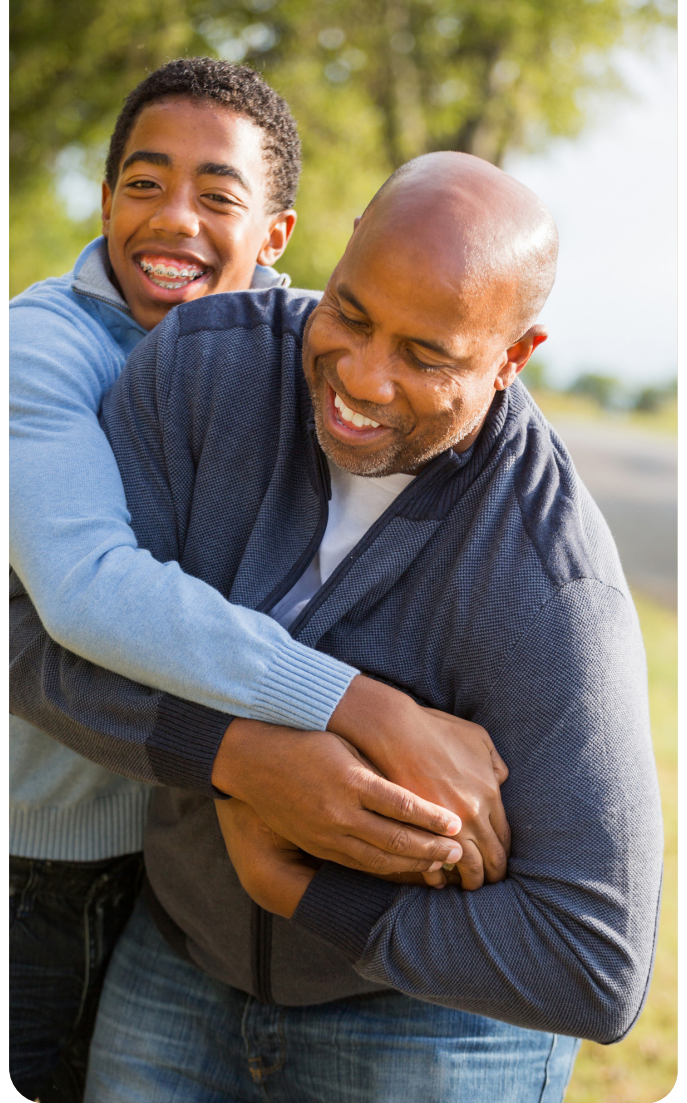
## Simple to get and use

- ☑ **Guaranteed issue** – no medical exams or tests to qualify
- ☑ **Claim benefits** paid directly to you



## Affordable and flexible

- ☑ **3 plans** to match more budgets
- ☑ **Coverage options** for your family, yourself or just your kids.



Less than  
\$1 a day

Get an affordable plan that fits into your budget – it's easier than fitting in unexpected medical bills.

### Assurity Accident Insurance Base Plan

24-hour coverage

Get coverage for your active **family** and all their activities, from sports to playtime, at home or the places you roam. **About \$24 a month**

Illustration based on a 35-year old

### Assurity Accident Insurance Complete Plan

24-hour coverage

Get coverage for your **child** and the sports injuries, cuts, stitches, and many more accidents kids are prone to. **About \$11 a month**





## Strengthen your coverage by purchasing optional protection:

- ☑ Get a monthly benefit if you become totally disabled as the result of a covered accident with the **Accident-Only Disability Income Rider**.
- ☑ Get a cash benefit if you or a covered family member receive preventive screening tests, exams or immunization services outside of a hospital with **Preventive Care Rider**.

Optional riders not available in all states.

### How it Works



**Choose**  
the plan that best  
fits your needs  
and budget



**Submit**  
your claim if you or a  
family member have  
an covered accident



**Get Cash**  
benefits paid  
directly to you



### Talk to your insurance professional

to see how Accident Insurance can offer extra financial protection against life's unpredictable accidents.

# Pick Your Plan

Choose from three plans at different price points, along with valuable add-ons for extra protection. Cash benefits vary with each plan. You decide what fits you best:

## Base

I want budget friendly

## Advantage

Let's meet in the middle

## Complete

Give me as much protection as I can get



**If you, your child or a family member are hurt in a covered accident, we pay cash benefits (based on your plan) for related care and recovery, including:**

- The Initial Care you turn to following an accident, whether that's a family physician, Urgent Care facility, an ambulance and an Emergency Department, or a Telehealth call.
- It can also include things like X-rays and other diagnostic tests, or tools for managing pain and mobility
- The Continued Care to help you heal, from follow-up visits to rehabilitative therapy, home health care and lodging costs.
- Critical Care for severe injuries, requiring time in an Intensive Care Unit, a hospital stay, or a prosthetic device, for example.
- Thoughtful care so you have one less thing to worry about: like paying for childcare and pet care following an accident or transportation to medical facilities.
- Built-in Accidental Death Rider pays additional benefits if your death is the result of an accident.

## Accident Insurance 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 |
|---------|------|-----------|----------|
|---------|------|-----------|----------|

### Initial Care

|   |                      |       |       |       |
|---|----------------------|-------|-------|-------|
| <b>Initial Accident Treatment</b><br>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  |

### Emergency Care

|   |  |         |         |         |
|---|--|---------|---------|---------|
| <b>Ambulance</b><br>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><br>Held in hospital, without admission, after ER treatment |  | \$50    | \$75    | \$100   |
| <b>Blood Products</b><br>Blood, Plasma or Platelets - Processing or transfusion               |  | \$300   | \$450   | \$600   |
| <b>X-Ray</b>  |  | \$45    | \$45    | \$60    |
| <b>Diagnostic Exam</b><br>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><br>Rented or purchased, such as crutches or wheelchair                       |  | \$75    | \$75    | \$100   |

### Continued Care

|  |  |      |      |       |
|--|--|------|------|-------|
| <b>Follow-Up Treatment</b><br>Two per accident   |  | \$50 | \$75 | \$100 |
| <b>Rehabilitative Therapy</b><br>Physical, Occupational or Speech Therapy - Six per accident |  | \$30 | \$45 | \$60  |
| <b>Chiropractic or Acupuncture</b><br>Three per accident                                     |  | \$30 | \$45 | \$60  |
| <b>Home Health Care</b><br>Six per accident  |  | \$30 | \$45 | \$60  |

| Benefit |  | Base | Advantage | Complete |
|---------|--|------|-----------|----------|
|---------|--|------|-----------|----------|

### Continued Care *(Continued)*

|   |        |         |         |         |
|---|--------|---------|---------|---------|
| <b>Transportation</b>   |        |         |         |         |
| For physician treatment 50+ miles from residence;<br>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 |

### 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>   |   |         |         |          |
| Natural tooth treatment provided by a dentist                           | Extraction  | \$100   | \$150   | \$200    |
|   | Crown, Dentures, or Implants                                  | \$250   | \$375   | \$500    |
| <b>Emergency Dental Office Visit</b>                                    |   | \$50    | \$75    | \$100    |
| <b>Laceration</b>   |   |         |         |          |
| Amount payable varies by length of laceration                           | 7.6 centimeters or more                                       | \$200   | \$300   | \$400    |
|   | 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>  |   |         |         |          |
| Amount payable varies by degree of burn and percentage of body affected | 3rd degree burns covering 35% or more of body                 | \$5,000 | \$7,500 | \$10,000 |
|   | 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>   |   |         |         |          |
| Percentage of burn benefit  |   | 50%     | 50%     | 50%      |
| <b>Poisoning</b>  |   | \$50    | \$75    | \$100    |

| Benefit  | Base   | Advantage | Complete |         |
|--|--|-----------|----------|---------|
| <b>Active Life Injury Care</b>   |  |           |          |         |
| <b>Fracture</b><br>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.                                  | Skull (depressed)                                | \$1,500   | \$2,250  | \$3,000 |
|  | 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 |
|  | 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><br>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><br>Concussion or traumatic brain injury   | Traumatic Brain Injury                           | \$500     | \$750    | \$1,000 |
|  | Concussion                                       | \$50      | \$75     | \$100   |



| Benefit   |                                     | Base     | Advantage | Complete |
|---|-------------------------------------|----------|-----------|----------|
| <b>Specific Injury Care</b>   |                                     |          |           |          |
| <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%      |
| <b>Catastrophic Care</b>  |                                     |          |           |          |
| <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  |
| <b>Hospital Care</b>  |                                     |          |           |          |
| <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    |

| Benefit | Base | Advantage | Complete |
|---------|------|-----------|----------|
|---------|------|-----------|----------|

### Hospital Care *(Continued)*

|   |         |         |         |
|---|---------|---------|---------|
| <b>Intensive Care Unit Admission</b><br>Once per accident; once per calendar year   | \$1,500 | \$2,250 | \$3,000 |
| <b>Intensive Care Unit Confinement</b><br>Up to 30 days per accident  | \$300   | \$450   | \$600   |
| <b>Rehabilitation Unit Confinement</b><br>Up to 30 days per accident; 60 days per calendar year   | \$200   | \$300   | \$400   |
| <b>Family Care</b><br>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><br>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><br>If unable to work after surgery or hospital confinement; up to six days per accident                                     | \$50    | \$75    | \$100   |

### Surgical Care

|   |   |         |         |         |
|---|---|---------|---------|---------|
| <b>General Surgery</b><br>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   | -       |
| <b>Orthopedic Surgery</b>   | Tendon, Ligament, Rotator Cuff, or Knee Cartilage with Repair | \$500   | \$750   | -       |
|   | Ruptured Disc with Repair                                     | \$500   | \$750   | -       |
|   | Arthroscopic without Repair                                   | \$250   | \$375   | -       |
| <b>Inpatient Surgery</b><br>Inpatient surgery for an injury requiring anesthesia  |   | -       | -       | \$2,000 |
| <b>Outpatient Surgery</b><br>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><br>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><br>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  |







## Why we're different.

### Mutual strength

For over 130 years, our financial strength has helped people support one another through difficult times.

### A force for good

As a Certified B Corporation, we work toward positive impacts for employees, communities and the environment.

### Personal service

Get the customer service you need from real, responsive and efficient people in our Lincoln, Nebraska headquarters.

### Customer Service

800-276-7619  
Ext. 4264

### Find out more

[assurity.com](http://assurity.com)



\*National Safety Council, Injury Facts, 2021

NOT AVAILABLE IN NEW YORK.

THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY. Accident Expense insurance may contain reductions of benefits, limitations and exclusions. The description of benefits is intended only to highlight the insured's benefits and should not be relied upon to fully determine coverage.

Policy Form No. IH2203 and Rider Form Nos. R I2204, R I2205, and R I2208 are underwritten by Assurity Life Insurance Company, Lincoln, Nebraska.

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