



Group Accident Expense Insurance

24-HOUR COVERAGE - Policy Form G H1708/G H1708C



Less than 1 in 3 Americans have an emergency savings fund of 6 months or more.

Source: Bankrate Financial Security Index Survey, June 17, 2017

PREPARED FOR
State of Missouri



These plans are not sponsored or endorsed by the State of Missouri. Please contact us at 888-339-3593.

Group Accident Expense Benefits - 24-Hour

Forms G H1708/G H1708C (HSA Compatible)

Plan includes the benefits listed in the schedule below for a covered accident. Coverage is 24-Hour. All treatment must be provided or prescribed by a physician and is payable only once per insured per accident unless otherwise noted. In most states, the term physician does not include chiropractor or dentist. Each benefit is also subject to conditions for payments as detailed in the certificate.

Emergency Care

Payable within 60 days of accident unless otherwise noted

Initial Accident Treatment One physician's office, urgent care or emergency room visit per accident within 60 days of accident for doctor's office and urgent care; within 30 days of accident for emergency room	\$200 - Dr. Office \$200 - Urgent Care \$400 - ER
Telemedicine Treatment	\$80
Ambulance Transport to or from hospital; pays one of the following	\$400 - Ground \$1,200 - Air
X-Rays	\$400
Diagnostic Exams CT, CAT, MRI or EEG	\$200
Blood, Plasma or Platelets Processing or transfusion	\$1,200
Emergency Room Observation Unit Held in hospital, without admission, after ER treatment	\$100 - 4-20 hours \$200 - 20+ hours

Supportive Care

Benefits in this category only payable if Initial Accident Treatment or Telemedicine Treatment benefit was paid for same injury

Follow-Up Treatment Benefit paid per visit, up to 2 visits per accident	\$200
Physical, Occupational or Speech Therapy Benefit paid per visit, up to 6 visits per accident	\$120
Chiropractic/Acupuncture Treatment Benefit paid per visit, up to 6 visits per accident	\$120
Epidural Pain Management	\$200
Prescription Medication Other than while confined in hospital or nursing home; up to two per accident; up to six times per calendar year	\$20
Medical Supplies Over-the-counter; once per accident; up to three per calendar year	\$20
Appliances Rented or purchased, such as crutches or wheelchair	\$500
Prosthetic Devices Not including hearing or dental aids, eyeglasses or cosmetic devices	\$2,000 - One device \$4,000 - Multi. devices
Residence/Vehicle Modification	\$2,000
Transportation For physician treatment 50+ miles from residence; up to three round trips per accident	\$400 - Ground \$1,000 - Air
Lodging For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	\$400 per day

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Specific Injury Care

Burns	
Pays a percentage of the burn benefit, based on degree of burn and percentage of body affected.	\$2,000
Burns – Skin Graft - Pays 50 percent of the burn benefit.	
Child Organized Sport	
Pays 10 percent of all other payable benefits resulting from injury of dependent child during amateur organized athletic competition or supervised practice for such	up to \$1,000 maximum
Coma	
Not medically induced or the result of drug or alcohol use	\$40,000
Concussion	
Not payable if traumatic brain injury benefit is paid	\$100
Dental Emergency	
Natural tooth treatment provided by a dentist	\$400 - Crown \$120 - Extraction
Dislocation	
Pays a percentage of the benefits for open reduction or closed reduction; where the percentage payable is based on the joint or bone affected and degree of dislocation	\$8,000 - Open reduction \$4,000 - Closed reduction
Ear Injury	
Resulting in hearing loss greater than 60 percent	\$400 once per lifetime
Eye Injury	
Requiring surgery or removal of foreign object	\$400
Fracture	
Pays a percentage of the benefit for open reduction or for closed reduction, where the percentage payable is based on the joint or bone affected	\$8,000 - Open fracture \$4,000 - Closed fracture
Gunshot Wound	
Requiring hospitalization and surgery	\$2,000
Lacerations	
Pays a percentage of the benefit based on the length of laceration	\$200
Occupational HIV	
	\$1,200
Paralysis	
Lasting 90 or more days and diagnosed to be permanent; one paralysis benefit payable per lifetime	\$30,000 - Paraplegia \$60,000 - Quadriplegia
Poisoning	
	\$100
Post Traumatic Stress Disorder	
	\$800
Traumatic Brain Injury	
Diagnosed by CT, CAT, MRI, EEG, PET or X-Ray	\$1,200

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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.

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Hospital Care

Daily benefit paid within 180 days of accident

Hospital Admission Pays once per calendar year	\$2,000
Hospital Confinement Daily benefit paid up to 365 days per accident	\$400
Intensive Care Daily benefit paid up to 30 days per accident	\$800
Sub-Acute Intensive Care Daily benefit, paid up to 30 days per accident	\$600
Rehabilitation Unit Daily benefit paid up to 30 days per accident, 60 days per calendar year	\$400
Child Care during Hospital Confinement Daily benefit paid for the care of all dependent children by licensed provider while insured is confined to hospital; up to 30 days per accident	\$80

Surgical Care

Paid within 180 days of accident

Open Abdominal, Thoracic or Cranial Surgery Not including hernia	\$4,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	\$2,000
Ruptured Disc Surgery	\$2,000
Hernia Surgery	\$1,000
Exploratory Surgery Diagnostic arthroscopic or laparoscopic, not payable if any other surgery benefit is paid	\$1,000
Miscellaneous Outpatient Surgery Must require anesthesia; not payable if any other surgery benefit is paid	\$400
Anesthesia Administered for a payable surgery benefit	\$400

Preventive Care Rider

(Form R G1723C)

Pays **\$50** once per day, up to two times per insured per calendar year, subject to a maximum of four times for all insured persons per calendar year, for the following screenings or exams:

- Blood screening for triglycerides, cholesterol, HDL, LDL or fasting blood glucose
- Annual physical exam
- Routine eye exam
- Immunization

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Accidental Death and Dismemberment Rider

(Form R G1712C)

Accidental Death Benefit Not payable if Accidental Death-Common Carrier benefit is paid	\$80,000 - Employee \$40,000 - Spouse \$20,000 - Child
Accidental Death Seatbelt Benefit Additional death benefit if seatbelt in use	\$20,000 - Employee \$10,000 - Spouse \$5,000 - Child
Accidental Death - Common Carrier Benefit If fare-paying passenger on common carrier	\$200,000 - Employee \$100,000 - Spouse \$50,000 - Child
Accidental Death - Children Education Benefit Additional benefit for dependent children enrolled in post-secondary educational institution	Pays \$2,000 per accidental death, per qualifying child
Accidental Dismemberment Benefit Pays a percentage where the percentage varies by body part	\$80,000 - Employee \$40,000 - Spouse \$20,000 - Child

Group Accident Expense Semi-Monthly Premiums - 24-Hour - Missouri

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	Employee	Employee & Spouse	Employee & Children	Family
All Ages	\$12.96	\$22.46	\$24.90	\$29.71

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*Premium rates shown are for the combined group Accident Expense policy and rider benefits as summarized in the proposal. For complete benefit descriptions, limitations, conditions and exclusions, see the policy/certificate. Policy availability, features, provisions and rates may vary by state.

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Specific Injury Care - Fracture Schedule

	Open	Closed
Skull (depressed)	\$8,000	\$4,000
Skull (non-depressed)	\$3,200	\$1,600
Bones of Face or Nose	\$1,200	\$600
Upper Jaw	\$1,200	\$600
Lower Jaw (Mandible except for Alveolar Process)	\$1,600	\$800
Shoulder Blade (Scapula)	\$4,400	\$2,200
Collar Bone (Clavicle)	\$3,200	\$1,600
Sternum	\$3,200	\$1,600
Upper Arm (Humerus)	\$4,400	\$2,200
Elbow	\$3,200	\$1,600
Forearm (Radius, Ulna)	\$3,200	\$1,600
Pelvis (except Coccyx)	\$7,200	\$3,600
Vertebrae (except Vertebral Process)	\$2,400	\$1,200

	Open	Closed
Vertebral Process	\$1,200	\$600
Sacrum	\$560	\$280
Coccyx	\$560	\$280
Hip, Thigh (femur), Acetabulum	\$7,200	\$3,600
Lower Leg (Tibia, Fibula)	\$4,400	\$2,200
Kneecap (Patella)	\$3,200	\$1,600
Ankle	\$3,200	\$1,600
Hand (except Fingers) or Wrist	\$2,800	\$1,600
Foot (except Toes)	\$2,800	\$1,600
Two or More Ribs	\$1,600	\$800
Rib	\$800	\$400
Two or More Fingers or Toes	\$1,200	\$600
One Finger or Toe	\$560	\$280

Specific Injury Care - Dislocation Schedule

	Open	Closed
Lower Jaw	\$8,000	\$4,000
Shoulder Joint	\$1,600	\$800
Collar Bone (Sternoclavicular)	\$2,000	\$1,000
Collar Bone (Acromioclavicular)	\$400	\$200
Elbow Joint	\$2,400	\$1,200
Wrist Joint	\$2,800	\$1,400
Bone(s) of Hand (except Fingers)	\$1,200	\$600

	Open	Closed
Two or More Fingers or Toes	\$560	\$280
One Finger or Toe	\$240	\$120
Hip Joint	\$8,000	\$4,000
Knee Joint (except Patella)	\$3,200	\$1,600
Ankle Joint	\$3,200	\$1,600
Bone(s) of Foot (except Toes)	\$3,200	\$1,600

Specific Injury Care - Burn Schedule

	Benefit
3rd degree burns covering 35% or more of body	\$2,000
3rd degree burns covering 15% to 34% of body	\$1,000
3rd degree burns covering less than 15% of body	\$200

	Benefit
2nd degree burns covering 35% or more of body	\$200
2nd degree burns covering 15% to 34% of body	\$100
2nd degree burns covering less than 15% of body	\$20

Specific Injury Care - Laceration Schedule

	Benefit
More than 15 centimeters	\$200
5 to 15 centimeters	\$100

	Benefit
Less than 5 centimeters	\$50
Not requiring stitches or glue	\$25

Group Accident Expense - Missouri

Forms G H1708/G H1708C

Limitations, Conditions and Exclusions

The following represents some policy limitations, conditions and exclusions. For complete details of the coverage, please contact your agent, Assurity or ask to review the policy. Provisions may vary by state.

Limitations

GROUP ACCIDENT EXPENSE INSURANCE PROVIDES LIMITED BENEFIT COVERAGE.

This insurance does not provide major medical coverage and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act (ACA).

Availability of this product, and its benefits and premiums as presented, is subject to the approval of Assurity. Some applicants with pre-existing conditions may not be eligible for coverage. Product availability, features and rates may vary by state. All benefits, premiums, conditions, exclusions and limitations are governed by the actual contract as provided by Assurity, not this proposal.

Coverage Conditions

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 caused by or 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, inflection, 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 the policy/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.