



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
Initial Care				
Initial Accident Treatment 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
Telemedicine		\$45	\$45	\$60

Benefit		Base	Advantage	Complete
Emergency Care				
Ambulance				
Transport to or from hospital, once per accident	Ground or Water	\$300	\$300	\$400
	Air	\$1,500	\$1,500	\$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	\$100	\$150	\$200
	Steroid Injection	\$50	\$75	\$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	\$100	\$150	\$200
	Air	\$300	\$450	\$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
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Catastrophic Care

Paralysis				
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
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	\$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
Dismemberment				
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
Prosthetic Devices				
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

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	\$100	\$150	\$200
		49 or more hours	\$200	\$300	\$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	\$1,000	\$1,500	-
	Hernia with Repair	\$250	\$375	-
	Laparoscopic without Repair	\$250	\$375	-
	Tendon, Ligament, Rotator Cuff, or Knee Cartilage with Repair	\$500	\$750	-
Orthopedic Surgery	Ruptured Disc with Repair	\$500	\$750	-
	Arthroscopic without Repair	\$250	\$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	\$10,000	\$25,000	\$50,000
	Spouse	\$10,000	\$25,000	\$50,000
	Child	\$2,500	\$6,250	\$12,500
Accidental Death – Common Carrier 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
Accidental Death – Automobile Seatbelt 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

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