



# Group Accident Expense Insurance

for Employees of Los Angeles County

Even with a good health insurance plan, a trip to the doctor or hospital can be expensive. Many people find themselves paying more out of their own pocket each year. If you or someone in your family are hurt in an accident, the last thing you want to think about is how you are going to pay for medical care.

Accident expense insurance provides peace of mind and gives you additional cash to help pay your health insurance deductible and other expenses.

**Group Accident Expense** insurance **pays a benefit directly to you** when you receive treatment from a physician for a covered accident.

## Key Features

- ☑ **Helps with out-of-pocket expenses** associated with covered accidents
- ☑ **No deductibles**, copays, coinsurance or networks - see any doctor
- ☑ **Guaranteed issue** - no medical exams or tests
- ☑ **Portable** - coverage continues if you retire or change jobs, as long as you pay the premiums

**Know you  
and your family  
are protected.**

It's easy —  
sign up today



Not available to residents of New York.

Flexible/Flexible - 231340

## 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

### Emergency Care

Payable within 60 days of accident unless otherwise noted

	Plan 1	Plan 2
<b>Initial Accident Treatment</b> 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	\$125 - Dr Office \$125 - Urgent Care \$250 - ER	\$162.50 - Dr Office \$162.50 - Urgent Care \$325 - ER
<b>Telemedicine Treatment</b>	\$50	\$65
<b>Ambulance</b> Transport to or from hospital; pays one of the following	\$250 - Ground \$750 - Air	\$325 - Ground \$975 - Air
<b>X-Rays</b>	\$250	\$325
<b>Diagnostic Exams</b> CT, CAT, MRI or EEG	\$125	\$162.50
<b>Blood, Plasma or Platelets</b> Processing or transfusion	\$750	\$975
<b>Emergency Room Observation Unit</b> Held in hospital, without admission, after ER treatment	\$62.50 - 4-20 hrs. \$125 - 20+ hrs.	\$81.25 - 4-20 hrs. \$162.50 - 20+ hrs.

### Supportive Care

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

<b>Follow-Up Treatment</b> Benefit paid per visit, up to 2 visits per accident	\$100	\$150
<b>Physical, Occupational or Speech Therapy</b> Benefit paid per visit, up to 6 visits per accident	\$60	\$90
<b>Chiropractic/Acupuncture Treatment</b> Benefit paid per visit, up to 6 visits per accident	\$60	\$90
<b>Epidural Pain Management</b>	\$100	\$150
<b>Prescription Medication</b> Other than while confined in hospital or nursing home; up to two per accident; up to six times per calendar year	\$10	\$15
<b>Medical Supplies</b> Over-the-counter; once per accident; up to three per calendar year	\$10	\$15
<b>Appliances</b> Rented or purchased, such as crutches or wheelchair	\$250	\$375
<b>Prosthetic Devices</b> Not including hearing or dental aids, eyeglasses or cosmetic devices	\$1,000 - One device \$2,000 - Multi. devices	\$1,500 - One device \$3,000 - Multi. devices
<b>Residence/Vehicle Modification</b>	\$1,000	\$1,500
<b>Transportation</b> For physician treatment 50+ miles from residence; up to three round trips per accident	\$200 - Ground \$500 - Air	\$300 - Ground \$750 - Air
<b>Lodging</b> For companion accompanying an insured traveling 100+ miles from residence for treatment; up to 30 days per accident	\$200 per day	\$300 per day

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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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## Specific Injury Care

	Plan 1	Plan 2
<b>Burns</b> Pays a percentage of the burn benefit, where the percentage payable is based on degree of burn and percentage of body affected. <b>Burns – Skin Graft</b> - Pays 50 percent of the burn benefit.	\$1,250	\$1,625
<b>Child Organized Sport</b> 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.	up to \$1,000 maximum.
<b>Coma</b> Not medically induced or the result of drug or alcohol use	\$25,000	\$32,500
<b>Concussion</b> Not payable if traumatic brain injury benefit is paid	\$62.50	\$81.25
<b>Dental Emergency</b> Natural tooth treatment provided by a dentist	\$250 - Crown \$75 - Extraction	\$325 - Crown \$97.50 - Extraction
<b>Dislocation</b> Pays a percentage of the benefit for open reduction or closed reduction; where the percentage payable is based on the joint or bone affected and degree of dislocation	\$5,000 - Open reduction \$2,500 - Closed reduction	\$6,500 - Open reduction \$3,250 - Closed reduction
<b>Ear Injury</b> Resulting in hearing loss greater than 60 percent	\$250 once per lifetime	\$325 once per lifetime
<b>Eye Injury</b> Requiring surgery or removal of foreign object	\$250	\$325
<b>Fracture</b> 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	\$5,000 - Open fracture \$2,500 - Closed fracture	\$6,500 - Open fracture \$3,250 - Closed fracture
<b>Gunshot Wound</b> Requiring hospitalization and surgery	\$1,250	\$1,625
<b>Lacerations</b> Pays a percentage of the benefit where the percentage payable is based on the length of laceration	\$125	\$162.50
<b>Occupational HIV</b>	\$750	\$975
<b>Paralysis</b> Lasting 90 or more days and diagnosed to be permanent; one paralysis benefit payable per lifetime	\$18,750 - Paraplegia \$37,500 - Quadriplegia	\$24,375 - Paraplegia \$48,750 - Quadriplegia
<b>Poisoning</b>	\$62.50	\$81.25
<b>Post Traumatic Stress Disorder</b>	\$500	\$650
<b>Traumatic Brain Injury</b> Diagnosed by CT, CAT, MRI, EEG, PET or X-Ray	\$750	\$975

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## Hospital Care

Daily benefit paid within 180 days of accident

	Plan 1	Plan 2
<b>Hospital Admission</b> Pays once per calendar year	\$1,375	\$2,000
<b>Hospital Confinement</b> Daily benefit paid up to 365 days per accident	\$275	\$400
<b>Intensive Care</b> Daily benefit paid up to 30 days per accident	\$550	\$800
<b>Sub-Acute Intensive Care</b> Daily benefit, paid up to 30 days per accident	\$412.50	\$600
<b>Rehabilitation Unit</b> Daily benefit paid up to 30 days per accident, 60 days per calendar year	\$275	\$400
<b>Child Care during Hospital Confinement</b> 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	\$55	\$80

## Surgical Care

Paid within 180 days of accident

<b>Open Abdominal, Thoracic or Cranial Surgery</b> Not including hernia	\$2,000	\$3,000
<b>Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery</b>	\$1,000	\$1,500
<b>Ruptured Disc Surgery</b>	\$1,000	\$1,500
<b>Hernia Surgery</b>	\$500	\$750
<b>Exploratory Surgery</b> Diagnostic arthroscopic or laparoscopic, not payable if any other surgery benefit is paid	\$500	\$750
<b>Miscellaneous Outpatient Surgery</b> Must require anesthesia; not payable if any other surgery benefit is paid	\$200	\$300
<b>Anesthesia</b> Administered for a payable surgery benefit	\$200	\$300

## Wellness Benefit

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

**Plan 1**

**Plan 2**

Form R G1712C

	<b>Plan 1</b>	<b>Plan 2</b>
<b>Accidental Death Benefit</b> Not payable if Accidental Death-Common Carrier benefit is paid	\$30,000 - Employee \$15,000 - Spouse \$7,500 - Child	\$40,000 - Employee \$20,000 - Spouse \$10,000 - Child
<b>Accidental Death Seatbelt Benefit</b> Additional death benefit if seatbelt in use	\$7,500 - Employee \$3,750 - Spouse \$1,875 - Child	\$10,000 - Employee \$5,000 - Spouse \$2,500 - Child
<b>Accidental Death - Common Carrier Benefit</b> If fare-paying passenger on common carrier	\$75,000 - Employee \$37,500 - Spouse \$18,750 - Child	\$100,000 - Employee \$50,000 - Spouse \$25,000 - Child
<b>Accidental Death - Children Education Benefit</b> Additional benefit for dependent children enrolled in post-secondary educational institution	Pays \$750 per accidental death, per qualifying dependent	Pays \$1,000 per accidental death, per qualifying dependent
<b>Accidental Dismemberment Benefit</b> Pays a percentage where the percentage varies by body part	\$30,000 - Employee \$15,000 - Spouse \$7,500 - Child	\$40,000 - Employee \$20,000 - Spouse \$10,000 - Child

# Group Accident Expense - California

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;
- practicing for or participating in any professional competitive contest for which any type of compensation is received;
- 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 intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician;
- having cosmetic surgery or other elective procedures;
- 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;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury; or
- committing or attempting to commit suicide.

No benefits, except the Initial Accident Treatment benefit, will be payable for services provided outside of the United States.

# We are never more than one call away.



Customer Service  
800-276-7619, Ext. 4210  
7:30am - 5:00pm CST



Email  
[claimsinfo@assurity.com](mailto:claimsinfo@assurity.com)



Claims  
800-869-0355, Ext. 4484



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## NBG

CA Lic# 6000886

Customer Service: (800) 449-3607  
[support@natbengroup.com](mailto:support@natbengroup.com)

## Helping people through difficult times

As a mutual organization, Assurity was founded on the simple concept of people coming together to support each other in moments of need. We continue our mission of helping people through difficult times by providing affordable insurance protection that is easy to understand and buy. Our financial stability has stood the test of time. It shows our commitment to be there when our customers need us. Owned by our policyholders, we conduct our business to serve only their best interests. Whether paying benefits, offering service with a human touch, giving back to our community, or practicing sustainable habits that provide for our planet, we embrace our capacity to improve lives. We all share in the future we create, and Assurity believes in using our business as a force for good.



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### NOT AVAILABLE IN NEW YORK.

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, New York. Product availability, features and rates may vary by state.