

Group Accident Expense Benefits:

Emergency Care Payable within 60 days of accident unless otherwise noted	Tier 2 Benefit
Initial Accident Treatment One physician's office, urgent care or ER visit per accident Within 60 days of accident for doctor's office and urgent care; within 30 days of accident for Emergency Room	\$100 - Dr. office \$100 - Urgent Care \$200 - ER
Telemedicine Treatment	\$40
Ambulance Transport to/from hospital(s)	\$200 - ground \$600 - air
Additional benefits for: X-Rays and Diagnostic Exams, Blood, Plasma or Platelets and ER Observation	<i>See schedule for specific benefit conditions and amounts</i>
Supportive Care Payable if Initial Accident Treatment or Telemedicine Treatment benefit was paid for same injury Payable within 180 days of accident unless otherwise noted	Tier 2 Benefit
Follow-Up Treatment (Used with Initial Accident Treatment) paid twice per accident	\$100
Physical, Occupational or Speech Therapy Paid up to six times per accident	\$60
Transportation More than 50 miles from home, paid three times per accident	\$200 - ground \$500 - air
Lodging More than 100 miles from home	\$200
Chiropractic/Acupuncture Treatment Paid up to six times/accident	\$60
Epidural Pain Management	\$100
Additional benefits for: Prescriptions, Supplies, Appliances, Prosthetic Devices, Residence/Vehicle Modification	<i>See schedule for specific benefit conditions and amounts</i>
Specific Injury Care	Tier 2 Benefit
Burns Benefit varies by degree of burn and percentage of body affected; within 30 days	\$1,000
Concussion Not payable if traumatic brain injury benefit is paid; within 30 days	\$50
Dental Emergency Within 60 days	\$200 - crown \$60 - extraction
Dislocation Treated by physician; within 180 days (see schedule for multiplier)	\$4,000 Open reduction \$2,000 Closed reduction
Lacerations Payable percent of benefit shown varies by length of laceration; within 30 days	\$100
Additional Benefits	Tier 2 Benefit
Child Organized Sport Benefit if injury is sustained while participating in an organized sport; within 60 days	Pays an additional 10%
Skin graft from burns, Coma, Ear or Eye injury, Traumatic Brain Injury Gunshot wound, Occupational HIV, Paralysis, Poisoning, Post-Traumatic Stress Disorder	<i>See schedule for specific benefit conditions and amounts</i>

This table provides an abbreviated explanation of the policy's benefits, limitations and exclusions. The accidental conditions have specific qualifying periods and other provisions, please contact your agent or Assurity to review the policy for more information.

Group Accident Expense Benefits:

Specific Injury Care - Fracture schedule			
Benefits of \$4,000 (open reduction, surgical) or \$2,000 (closed reduction, non surgical) multiplied by the appropriate factor below			
	Factor	Open	Closed
Skull (depressed)	1.00	\$4,000	\$2,000
Skull (non-depressed)	0.40	\$1,600	\$800
Bones of face or nose	0.15	\$600	\$300
Upper jaw	0.15	\$600	\$300
Lower jaw (mandible except alveolar process)	0.20	\$800	\$400
Shoulder blade (scapula)	0.55	\$2,200	\$1,100
Collar bone (clavicle)	0.40	\$1,600	\$800
Sternum	0.40	\$1,600	\$800
Upper arm (humerus)	0.55	\$2,200	\$1,100
Elbow	0.40	\$1,600	\$800
Forearm (radius, ulna)	0.40	\$1,600	\$800
Pelvis (except coccyx)	0.90	\$3,600	\$1,800
Vertebrae (except vertebral process)	0.30	\$1,200	\$600
	Factor	Open	Closed
Vertebral process	0.15	\$600	\$300
Sacrum	0.07	\$280	\$140
Coccyx	0.07	\$280	\$140
Hip, thigh (femur), acetabulum	0.90	\$3,600	\$1,800
Lower leg (tibia, fibula)	0.55	\$2,200	\$1,100
Kneecap (patella)	0.40	\$1,600	\$800
Ankle	0.40	\$1,600	\$800
Hand (except fingers) or wrist	0.35	\$1,400	\$700
Foot (except toes)	0.35	\$1,400	\$700
Two or more ribs	0.20	\$800	\$400
Rib	0.10	\$400	\$200
Two or more fingers, toes	0.15	\$600	\$300
Finger, toe	0.07	\$280	\$140

Hospital Care	Tier 2 Benefit
Daily benefits and payable within 180 days of accident unless otherwise noted	
Hospital Admission Paid once per calendar year	\$1,000
Hospital Confinement Per day up to 365 days. Not paid concurrent with ICU, Sub-Acute ICU and Rehab Unit	\$200
Intensive Care Per day up to 30 days. Not paid concurrent with Confinement, Sub-Acute ICU and Rehab Unit	\$400
Hospital Confinement - Child Care Pays child care while insured is hospitalized, up to 30 days.	\$40
Additional benefits for: Sub-Acute Intensive Care, Rehabilitation Unit	See schedule for specific benefit conditions and amounts
Surgical Care	Tier 2 Benefit
Payable within 180 days of accident unless otherwise	
Open Abdominal, Thoracic or Cranial Surgery Internal Injury Repair. Within 180 days of accident.	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery Must be repaired or Exploratory Surgery benefit is payable.	\$1,000
Ruptured Disc Surgery	\$1,000
Anesthesia (general)	\$200
Additional benefits for: Hernia Surgery, Exploratory Surgery, Misc. Outpatient Surgery	See schedule for specific benefit conditions and amounts
Preventive Care	Tier 2 Benefit
Wellness Benefits Pays a benefit for many common health procedures like blood screening for triglycerides or cholesterol, annual check-up, routine eye exam, routine dental exams, immunization, outpatient care and more.	\$50

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Accidental Death and Dismemberment Rider Payable within 180 days of accident unless otherwise Form R G1712C	Tier 2 Benefit
Accidental Death 50% for spouse/25% for child; not payable with Accidental Death-Common Carrier	\$40,000
Accidental Death - Seatbelt Additional benefit if seatbelt in use; 50% for spouse/25% for child	\$10,000
Accidental Death - Common Carrier Fare-paying passenger on common carrier; 50% for spouse/25% for child	\$100,000
Accidental Death - Children Education Benefit for children enrolled in post-secondary educational institution; one per accidental death, \per qualifying dependent child	\$1,000
Accidental Dismemberment Percent of benefit varies by body part; 50% for spouse/25% for child	\$40,000

Group Accident Expense (Off-the-job Coverage):

Tier 2 Coverage	Monthly
Employee	\$15.28
Employee and Spouse	\$26.64
Employee and Children	\$32.52
Family	\$42.08

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.

Circular 230 Disclosure: Any U.S. tax information contained in this communication is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code, or (ii) promoting, marketing or recommending to another party any matters addressed herein.

Policy/Certificate Form Nos. G H1708 and G H1708C underwritten by Assurity Life Insurance Company, Lincoln, NE.