



KEMPER BENEFITS

Accident Expense Insurance



The Kemper Benefits Accident Expense insurance plan pays benefits for a wide range of accidental injuries that help offset expenses for hospital or care-related services. Our plan can also help compensate for lost wages, satisfy deductibles, and help pay co-pays, medications, meals, lodging, and other out-of-pocket expenses. When faced with all the incremental burdens and expenses an accidental injury can cause, Kemper Benefits Accident Expense insurance plan can assist.

The Kemper Benefits Accident Expense insurance plan can help offset out-of-pocket costs, including:

- Hospitalization
- Outpatient recovery
- Accidental Dismemberment
- Emergency room care
- Inpatient medications

Product Features and Benefits

Accident Medical	Employees can elect a maximum calendar year benefit of one of the five selected benefit amounts.
Expense-Based Benefits	A \$50.00 deductible applies to a hospital emergency room visit. The deductible is waived if admitted.
Covered Benefits	<p>The following expenses are paid up to the calendar year maximum benefit as a result of a covered accident:</p> <ul style="list-style-type: none">• Emergency Care—Administered in hospital, urgent care center or doctor's office• Follow-up Care• Ambulance—Ground ambulance pays 10% of the maximum benefit per benefit period. Air ambulance pays 25% of the maximum benefit per benefit period• Inpatient Drug—Administered in a hospital or urgent care center• Fracture/Dislocation—Diagnosed within 14 days of the accident• Diagnostic Exam—Policy pays for one major diagnostic exam per accident if completed within 14 days of the accidental injury. Benefit is limited to 25% of the maximum benefit. Major diagnostic exams limited to CT scan, CTA scan, MRI, MRA and EEG• Physical Therapy—The physical therapy must begin within 45 days of the accident or discharge from the hospital and must be completed within six months after the accident. Benefits are limited to one physical therapy visit per day, up to a maximum of 10 visits for each accident. (No "internal" limit on the daily benefit amount paid for physical therapy just a max of one visit per day.)• Prosthesis• Dental—Pays benefits if any Insured receives emergency dental work. Benefit is limited to 15% of the maximum benefit.• Appliance—Pays benefits if physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. Benefit is limited to 10% of the maximum benefit.• Accidental Dismemberment—Pays a lump sum benefit equal to two times the maximum calendar year benefit. The loss must be incurred within 90 days of the accident.
Time Period	Initial treatment required within 72 hours
Family Coverage -Spouse Family Coverage - Children	Spouse receives same benefit maximum as the employee All children combined are eligible for the maximum benefit amount selected
24 Hr	Accidents covered on and off the job
Benefit Reductions	No age reductions
Termination	Terminates at age 70
Portability	Fully portable regardless of whether the employer policy stays in force

Accident Expense Rates - Monthly

24 Hour	Employee	Employee + Spouse	Employee + Children	Employee + Family
\$1,000	\$ 8.57	\$16.93	\$19.95	\$29.13
\$2,000	\$13.49	\$26.74	\$32.74	\$47.71
\$3,000	\$17.18	\$34.20	\$42.18	\$61.70
\$4,000	\$20.26	\$40.44	\$49.78	\$73.16
\$5,000	\$22.93	\$45.88	\$56.14	\$82.96
\$6,000	\$25.29	\$50.71	\$61.42	\$91.17
\$7,000	\$27.42	\$55.06	\$66.14	\$98.58
\$8,000	\$29.34	\$59.00	\$70.47	\$105.39
\$9,000	\$31.11	\$62.63	\$74.01	\$111.14
\$10,000	\$32.70	\$65.95	\$77.63	\$116.94

Exclusions and Limitations

Exclusions

Benefits under the policy and any attached rider(s) will not be payable for any loss caused in whole or in part by or resulting in whole or part from the following:

1. Suicide or attempt at suicide, intentional self-inflicted injury or sickness, any attempt at intentional self-inflicted injury, injury caused by a self-inflicted act or sickness, while sane or insane;
2. Being under the influence of a stimulant (such as amphetamines or pitrates), depressant, hallucinogen, narcotic or any other drug intoxicant including those prescribed by a physician that are misused by the insured person;
3. Voluntary inhalation of gas;
4. Commission of or attempt to commit an assault or felony;
5. Engaging in an illegal activity or occupation;
6. Voluntary participation in any riot or civil insurrection;
7. Declared war or any act of declared war;
8. Operating, learning to operate, serving as a crew member of, or jumping, parachuting or falling from an aircraft or hot air balloon, including those which are not motor driven;
9. Engaging in hang gliding, bungee jumping, parachuting, sail-gliding or parasailing;
10. Riding in or driving any motor driven vehicle in a race, stunt show or speed test;
11. Practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the insured person receives any compensation or remuneration;
12. Operating any type of land, water or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the accidental injury occurred;
13. Charges for services ordered, directed or performed by a physician or supplies purchased from a provider who is an insured person, the insured person's immediate family member, a person who is employed or retained by an insured person, an employer of an insured person or a person who ordinarily resides with an insured person;
14. Bacterial infection that was not caused by a cut or wound from an accidental injury;
15. Auto-erotic asphyxiation;
16. Engaging in mountaineering using ropes and/or other equipment;
17. Treatment, services, drugs, medicines or supplies used to treat a sickness.

We will not pay any benefits for expenses incurred that are not related to a covered accidental injury.

Exclusions may vary by state.