

Employee Guide

Accident Expense Insurance

Plan features and benefits
for the employees of Auglaize County



Even minor accidents can leave you with major expenses. When accidents happen, they are often followed by a number of bills. Are you prepared?

The Kemper Benefits Accident Expense insurance plan pays a cash benefit directly to you in addition to any other benefit or insurance you receive. Even with medical insurance, you still have to meet deductibles and pay for coinsurance. There may be additional costs due to emergency room fees, x-rays, follow-up care and other uncovered services. This plan can help you pay for these and other covered expenses.

Your employer wants to help and is providing you with the opportunity to enroll in a Kemper Benefits Accident Expense insurance plan. The most common accidents are sprains, strains and stitches. Even these routine treatments can result in many bills. Having the right insurance is extremely important.

By matching the accident expense benefit to your existing primary medical plan's deductible, you can reduce the financial burden of an accident. This plan even covers accidents resulting from non-professional, organized or scholastic sports activities. Your spouse and your children combined can also be covered for the same amount.

Our Accident Expense insurance plan can help offset a number of costs:

- Emergency room care
- Follow-up care
- Hospitalization
- Physical therapy
- Diagnostic exams
- Outpatient recovery
- Concussions
- Lacerations
- Dental repair work
- And more!

Product Features and Benefits

Accident Medical Expense-Based Benefits	You can elect a maximum calendar year benefit for \$1,000, \$2,000, \$3,000 or \$4,000 for yourself and your dependents. No deductible; except for a \$50 emergency room (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• 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 dental work for repair of broken teeth. 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 benefit for an accidental dismemberment. Please refer to your certificate for the maximum benefit per calendar year per insured person.
Family Coverage Spouse Children	Spouse receives same benefit maximum as the employee Children combined are eligible for the maximum benefit amount selected
Time Period	Initial treatment required within 72 hours
Coverage	24 Hour
Portability	You can take your coverage with you if you retire or change jobs

*See policy certificate for additional details

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.

Strength. Solutions. Security. That's the Kemper edge.

Kemper Benefits is bringing value back to benefits

Kemper Benefits products are meant to integrate with and supplement benefits already available to you through your employer. Voluntary benefits are simply insurance products that provide added value to your core health benefits.

Enroll Today!

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Northwest Group Services

www.nwgsonline.com

Policies issued by:

Reserve National Insurance Company

A **Kemper Life and Health** Company

Oklahoma City, Oklahoma

Policy Form Number Series KB-MAE and KB-EAE. Form numbers may vary by state.

Kemper Benefits, kemperbenefits.com, is part of Kemper Corporation (NYSE: KMPR), a diversified insurance holding company, with subsidiaries that provide an array of products to the individual and small business market. Kemper's underwriting companies are rated "A-" (Excellent) for financial strength and ability to meet policyowner obligations by A.M. Best Company, a leading insurance rating authority.

Kemper Corporation's underwriting company for the Kemper Benefits voluntary worksite life, accident and health insurance products is Reserve National Insurance Company, which is responsible for the underwriting risks, financial and contractual obligations and support functions associated with the products it issues. Kemper Corporation is not responsible for the products of any of its underwriting companies.

This is only a summary of products and services offered. Actual offerings may vary by group size and other underwriting considerations, and are subject to state insurance law, and the benefits/provisions as described may vary due to such law. All products are subject to the terms, conditions, limitations and exclusions of the specific policy. Please see the specific policy.

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