

LIFESECURE INSURANCE COMPANY



Offered for sale in cooperation with:



# Personal Accident Insurance

## *with Accidental Death Benefit*

*To complement your Blue Cross and Blue Shield of Nebraska medical plan*



LS-AC3-0300 NE-BCBSNE 04/24

Policy form series: LS-AC-0003  
Generation 3.0

## Accident Medical Expense Benefits



# Help protect your hard-earned wages and savings with Personal Accident Insurance.

Your Blue Cross and Blue Shield of Nebraska (BCBSNE) medical plan provides benefits to help with medical costs if you suffer an accidental injury. In that unfortunate event, you shouldn't have to worry about unexpected financial setbacks resulting from the injury. Things like lost wages plus your out-of-pocket medical expenses and the cost for help with transportation, meals, childcare, or even housekeeping can all add up. Personal Accident Insurance provides cash benefits regardless of any other insurance you have. By pairing it with your BCBSNE medical plan, you can extend your protection to help with those unexpected costs, so you can focus on healing.



### Accidents happen... have you heard?

- 1 out of 7 Americans each year seeks medical care due to injuries.<sup>1</sup>
- More than 90% of accidents are non-traffic related.<sup>1</sup>
- Falls are the leading cause of accidental injuries among Americans in almost every age group.<sup>1</sup>
- More than 2.6 million children under the age of 19 are treated in emergency departments each year for sports and recreation-related injuries.<sup>2</sup>

<sup>1</sup> National Safety Council, *Injury Facts, 2019*

<sup>2</sup> Centers for Disease Control and Prevention, *February 2019*

# When an accident happens, you decide how to use your cash benefit.

### What type of services does Personal Accident Insurance pay benefits for?\*

- **Ambulance** (once per covered accident, per covered family member)
- **Initial services** (received **within one week of covered accident** in a hospital, urgent care center or physician's office)
- **Hospitalization, including intensive care unit (ICU)**
- **Major diagnostic exams:** CT, MRI, EEG, diagnostic X-ray (covered up to \$750 per exam; one per covered accident\*)
- **Tests and X-rays, other than diagnostic X-rays:** (one test or one set of X-rays\*)
- **Surgery** (up to two per covered accident, per covered family member; performed within six months of covered accident)
- **Drugs** (administered in a hospital, urgent care center or physician's office at time of initial care)
- **Prosthetic devices** (must be received within one year of covered accident)
- **Physician follow-up services, including chiropractic** (up to one visit per day, with a maximum of three visits per covered accident, within 30 days of covered accident)
- **Rehabilitative therapy: physical, occupational and speech therapy, or chiropractic services** (one visit per day, with a maximum of 10 visits per covered accident, per covered family member; visits must begin within 90 days of covered accident and occur within six months of covered accident)
- **Durable medical equipment** (rental or purchase of qualified equipment prescribed within 30 days of covered accident)

\* Per covered family member; within 30 days of covered accident.

### How might you use your Personal Accident cash benefits? You decide.

Help protect yourself and your family from the unexpected. How you use your benefits is up to you! Examples include:

- Medical & recovery expenses, as outlined above... *or if some or all of your medical and recovery expenses are paid by your BCBSNE medical plan, you may decide to use your benefits for:*
- Home care assistance
- Childcare
- Housekeeping help
- Transportation to/from appointments
- Yard work
- Anything else needed during your recovery!

**If you receive initial care within one week of an accident, cash benefits are paid directly to you for qualifying medical expenses needed to treat your injury.**



## Accident Medical Expense Benefits

# No confusing options – just one straightforward insurance plan.

**Eligible Issue Ages:** 18 through 74. This policy is guaranteed renewable to age 85.

**Choose your Annual Benefit Bank** (any amount within the range shown below, in \$100 increments):

Minimum = \$2,500

Maximum = \$15,000 for individuals or \$25,000 for couples/families

Your annual Benefit Bank represents the total dollar amount available to you or your family for covered services rendered each calendar year. On Jan. 1 of each year, your annual Benefit Bank will restore to its full amount. You have the flexibility to choose a Benefit Bank that matches the expected out-of-pocket expenses of your BCBSNE medical plan.

**Choose your Annual Deductible**

- \$0
- **OR**
- \$500 – Once the actual cost of your covered medical services exceeds \$500, you'll start receiving cash benefits for the remaining expenses. Your deductible resets to \$500 on Jan. 1 each year.

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## How is your Personal Accident benefit payment calculated?

If you receive care within one week of a covered accident, simply submit proof of claim for your actual medical and/or recovery expenses. While your BCBSNE medical coverage pays benefits directly to the provider, you can receive cash benefit payouts, minus your deductible (if any) from your Personal Accident Insurance policy. Your Personal Accident benefit payout will be less any adjustments or discounts negotiated between your health insurance plan and providers for services you received.

### Example - Individual Personal Accident Benefit Payout

Donna chose a Personal Accident plan with an **annual Benefit Bank of \$10,000** and an **annual Personal Accident deductible of \$500** to supplement her Blue Cross and Blue Shield of Nebraska medical plan. She broke her collar bone while skiing with friends and required immediate medical attention, with reimbursable medical expenses totalling \$8,800.

<b>\$8,800</b>	–	<b>\$500</b>	=	<b>\$8,300</b>
Reimbursable Expenses		Personal Accident Deductible		Donna's Personal Accident Benefit Payout

*Note: The examples shown above are for illustration purposes only.*



## How does the Family Deductible work?

**NOTE: The family deductible ONLY applies if you select the \$500 deductible and your spouse/partner and/or children are covered as dependents on your policy.**

The annual deductible for family coverage is \$1,000 and must be satisfied by two or more covered family members.

Once the \$1,000 family deductible is satisfied, benefits will be eligible for payment for all covered family members for the rest of the calendar year, up to your annual Benefit Bank amount. Benefits may be paid for a covered family member before the full family deductible is satisfied.

### Example - Family Personal Accident Benefit Payout

Dave purchased a policy that includes coverage for his wife, Kim, and their two children to supplement his family's BCBSNE medical plan. He chose a shared annual Benefit Bank of \$10,000 and an annual individual deductible of \$500 for the Personal Accident policy.

In one calendar year, each member of the family suffered an accidental injury, resulting in the benefit payout scenario shown below:

Accidental Injuries	Reimbursable Expenses		Personal Accident Deductible		Personal Accident Benefit Payout
(Dave) - Lacerated finger	\$600	-	\$500	=	\$100
(Kim) - Torn ligament	\$1,400	-	\$500	=	\$900
<b>Annual Personal Accident Family Deductible of \$1,000 is satisfied</b>					
(Michael) - Broken nose	\$3,000	-	\$0	=	\$3,000
(Mandy) - Broken leg	\$8,000	-	\$0	=	\$6,000

**Total Benefit Payout: \$10,000**

Note: The examples shown are for illustration purposes only.

## Accidental Death Benefit



## Accidental Death Benefit

Following the loss of a loved one, families often face final expenses, medical bills and other unexpected costs. In the unfortunate event that an accidental injury results in the death of a covered family member, your Personal Accident Insurance policy will pay a lump sum cash benefit to provide additional financial support when it's needed the most.

	Accidental Death Benefit Payouts
For you	\$10,000
For your spouse/partner	\$10,000
For each dependent child	\$5,000



*Note: Benefits pay if death occurs within 90 days of the covered accident.*



## Monthly Premium Rates of Nebraska\*

### Sample Plan Design (unisex rates)

Annual Benefit Bank: \$10,000

Annual Individual Deductible: \$500

Self Only	with Spouse**	with Child(ren)	with Spouse** & Child(ren)
\$30.24	\$39.06	\$47.24	\$55.15

\* Premium rates shown are for illustrative purposes only. Different annual Benefit Bank amounts and deductible choices are available.

\*\* Spouse means your lawfully married spouse, civil union partner, domestic partner or legal partner.

Talk to your agent today or visit [YourLifeSecure.com](http://YourLifeSecure.com) for more information.

## Limitations or Conditions on Eligibility For Benefits\*\*\*

**Exclusions:** Care must be provided within the United States, its territories or possessions or Canada to be considered eligible for benefits.

**No benefits of this policy are payable when the loss is contributed to or caused by:** operating, learning to operate, or serving as a crew member of any aircraft; or engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, or parasailing; or riding in or driving any motor-driven vehicle in a race, stunt show or speed test; or officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received; or any act of war whether declared or undeclared; or voluntary participation in any riot or civil insurrection; or engaging in an illegal activity or occupation; or commission or attempt to commit an assault or felony; or suicide or attempted suicide, while sane or insane; or intentionally self-inflicted injury; or hernia of any kind; or being intoxicated or under the influence of alcohol, drugs or any narcotic unless administered and used in accordance with the instructions of a Physician.

**No benefits of this Policy are payable for:** any illness, loss, or condition specifically excluded from the definition of accidental injury; or dental care or treatment unless caused by Accidental Injury to natural teeth; or treatment for a mental or nervous disorder or disease.

*\*\*\* The Limitations or Conditions on Eligibility for Benefits shown above may vary by state. The actual Limitations or Conditions on Eligibility for Benefits applicable to your policy will depend on the state in which your coverage is issued.*

**This is an accident only policy and provides limited benefits and does not contain comprehensive adult wellness benefits as defined by law.**

For more information,  
contact your agent or visit us at [YourLifeSecure.com](http://YourLifeSecure.com).

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