

# ACCIDENT & CRITICAL ILLNESS INSURANCE

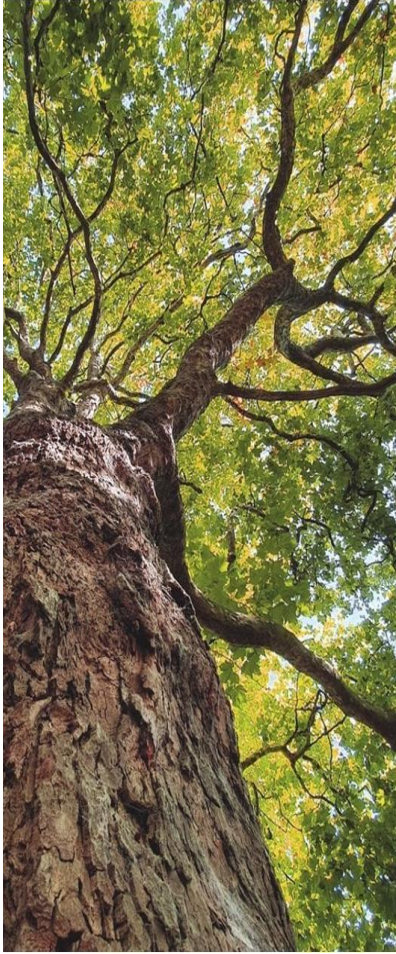


## NFU KS/NE MEMBER BENEFITS



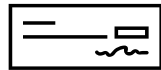
**PROSPERITY**  
LIFE GROUP®

This is a general overview of your plan benefits. If the terms of this proposal differ from your policy or certificate, the policy or certificate will govern. Additional plan details on covered benefits, limitations, and exclusions are included in the summary plan description available from us upon request.

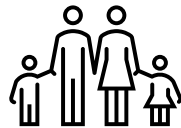


Farmers Union Insurance has been proudly partnering with the National Farmers Union for decades. We apply the same core values to our business as their members apply to their farming operations. We are pleased to offer National Farmers Union members Accident and Critical Illness insurance through Prosperity Life Group.

## Overview



Benefits are paid directly to YOU and pay regardless of any other medical coverage.



Coverage available to spouses and children.



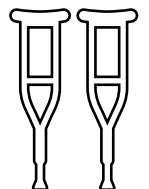
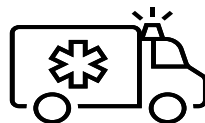
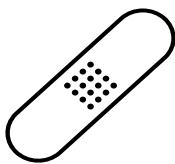
Coverage is offered on a guarantee issued basis. No health questions.

## COVERAGE

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The NFU Member insurance offering covers diagnosis, treatment and/or hospitalization resulting from covered accidents and critical illnesses.

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It pays regardless of what any other insurance plan pays.

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## ACCIDENT BENEFITS

| Benefit  | Benefit Amount | Times per Year                            |
|--|----------------|---|
| Hospital Admission   | \$500          | 1 Day/Year                                |
|  |                | No Separation Period                      |
| Hospital Confinement   | \$100          | 30 Days/Year                              |
| ICU Admission  | \$500          | 1 Day/Year                                |
|  |                | No Separation Period                      |
| ICU Confinement  | \$200          | 10 Days/Year                              |
| Observation Room Treatment   | \$100          | 1 Day/Year                                |
| Inpatient Rehabilitation   | \$100          | 30 Days/Year                              |
| Dislocation (Open Reduction) - Max Benefit   | \$5,000        | N/A                                       |
| Dislocation (Closed Reduction) - (% of Open Reduction Benefit)                                 | 50%            | N/A                                       |
| Partial Dislocation (% of Open Reduction Benefit)  | 25%            | N/A                                       |
| Fracture (Open Reduction) - Max Benefit  | \$5,000        | N/A                                       |
| Fracture (Closed Reduction) - (% of Open Reduction Benefit)                                    | 50%            | N/A                                       |
| Chip Fracture (% of Open Reduction Benefit)  | 25%            | N/A                                       |
| Severe Burns - 2nd Degree more than 35 sq in   | \$750          | N/A                                       |
| Severe Burns - 3rd Degree 10 - 20 sq in  | \$1,500        | N/A                                       |
| Severe Burns - 3rd Degree 20 - 35 sq in  | \$2,400        | N/A                                       |
| Severe Burns - 3rd Degree more than 35 sq in   | \$10,000       | N/A                                       |
| Skin Graft (% of Severe Burn Benefit)  | 25%            | N/A                                       |
| Laceration Requiring Stitches - Less than 2 in   | \$100          | 5 Days/Year                               |
| Laceration Requiring Stitches - 2 to 6 in  | \$400          | 5 Days/Year                               |
| Laceration Requiring Stitches - 6 in or more   | \$800          | 5 Days                                    |
| Inpatient Surgery - Open Abdominal or Thoracic   | \$1,000        | N/A                                       |
| Inpatient Surgery - Other Inpatient Surgeries for Repair                                       | \$1,000        | N/A                                       |
| General Anesthesia (Inpatient)   | \$100          | N/A                                       |
| Outpatient Surgery - Repair of One (1) Tendon / Ligament / Rotator Cuff                        | \$500          | 3 Days/Year                               |
| Outpatient Surgery - Repair of Multiple Tendon / Ligament / Rotator Cuff                       | \$500          | 3 Days/Year                               |
| Outpatient Surgery - Torn Knee Cartilage   | \$1,000        | 3 Days/Year                               |
| Outpatient Surgery - Other Miscellaneous Surgery for Repair                                    | \$800          | 3 Days/Year                               |
| Exploratory Surgery  | \$150          | 2 Days/Year                               |
| Air Ambulance  | \$500          | 3 Days/Year                               |
| Ground or Water Ambulance  | \$100          | 3 Days/Year                               |
| Emergency Room Treatment   | \$125          | 6+ Days/Year                              |
| Urgent Care Treatment  | \$125          | 6+ Days/Year                              |
| Physician's Office Treatment   | \$125          | 10 Days/Year                              |
| Telemedicine   | \$25           | 3 Days/Year                               |
| Emergency Dental & Vision Treatment - Emergency Dental Extraction                              | \$100          | N/A                                       |
| Emergency Dental & Vision Treatment - Emergency Crown  | \$300          | N/A                                       |
| Emergency Dental & Vision Treatment - Eye Injury   | \$100          | N/A                                       |
| Physical Therapy   | \$25           | 6 Days/Year                               |
| Appliances - Wheelchair or Motorized Scooter   | \$100          | 3 Days/Year                               |
| Appliances - Walker or Walking Boot  | \$100          | 3 Days/Year                               |
| Appliances - Any Other Medical Device Used for Mobility, Including a Brace, Cane, and Crutches | \$100          | 3 Days/Year                               |
| Prosthesis - One Device  | \$500          | N/A                                       |
| Prosthesis - Multiple Devices  | \$1,000        | N/A                                       |
| Non-Local Transportation & Family Member Lodging - per Round Trip                              | \$300          | Min Distance<br>150 Miles<br>3 Trips/Year |
| Non-Local Transportation & Family Member Lodging - per Overnight Stay                          | \$100          | 150 Miles                                 |
|  |                | 30 Nights/Year                            |
| Blood / Plasma / Platelets   | \$300          | 1 Day/Year                                |
| X-Ray  | \$250          | 1 Day/Year                                |
| Major Diagnostic Exam  | \$300          | 1 Day/Year                                |



|  |  |   |
|--|--|---|
| Brain Injury - Concussion  | \$250  | 1 Day/Year                                    |
| Brain Injury - Severe Traumatic Brain Injury (TBI)   | \$800  | 1 Day/Year                                    |
| Extended Treatment - Chiropractic Treatment  | \$25   | 3 Days/Year                                   |
| Organized Sports Benefit Booster   | 10%  | N/A   |
| Catastrophic Benefits  |  |   |
| Accidental Death - Insured   | \$25,000   | N/A   |
| Accidental Death - Spouse  | \$10,000   | N/A   |
| Accidental Death - Dependent Child(ren)  | \$5,000  | N/A   |
| Common Carrier Accidental Death - Insured  | \$50,000   | N/A   |
| Common Carrier Accidental Death - Spouse   | \$20,000   | N/A   |
| Common Carrier Accidental Death - Dependent Child(ren)   | \$10,000   | N/A   |
| Double Dismemberment   | \$15,000   | N/A   |
| Single Dismemberment   | \$7,500  | N/A   |
| Finger / Toe Dismemberment   | \$750  | N/A   |
| Wellness Benefit   |  |   |
| Accident Screening Benefit   | \$50   | Claim Process:<br>Provider's Name<br>and Date |
|  |  | Preventive Care                               |
|  |  | Individual Limit 1<br>Day                     |
|  |  | Family Limit 4<br>Days                        |
| Covered Screenings   |  |   |
| Epworth Sleepiness Scale for the purpose of diagnosing a sleeping disorder<br>hemoglobin A1c;<br>baseline testing for concussions<br>bone density screening<br>stress test | weight reduction program<br>examination by a dentist or optometrist;<br>routine physical exam; or<br>any additional generally medically accepted<br>Outpatient screening test. |   |

## LIMITATIONS AND EXCLUSIONS

**We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:**

- voluntary intoxication (as defined by the law of the jurisdiction in which such intoxication occurred) or while under the influence of any narcotic, drug, or controlled substance, unless administered by or taken according to the instructions of a Physician or Medical Professional;
- an Insured's voluntary intoxication through the use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption;
- participation in any felonious activity, as defined and determined by the law of the jurisdiction where the cause of loss occurs;
- intentional self-harm or attempting or committing suicide, whether sane or not;
- war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto (the pro-rata portion of any premium paid for any such Insured will be refunded upon receipt of Your written request);
- an Injury that occurs while an Insured is engaged in an illegal occupation or activity, or legally incarcerated in a penal or correctional institution (illegality is determined by the law of the governing jurisdiction);
- cosmetic Surgery or other elective procedure that is not Medically Necessary, except for reconstructive surgery incidental to or following surgery for trauma to the affected body part;
- diagnosis or Treatment received outside the United States, its territories, or Canada;
- Treatment provided at a facility, office, or other location owned or operated by an Insured or a Family Member;
- Treatment of Mental or Nervous Disorder(s) that is not a direct result of trauma sustained by a Covered Accident;
- any sickness including a bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound);
- operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger;
- travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;
- participation in any Organized Sport in a professional or semi-professional capacity;
- riding or driving an air, land, or water vehicle in any organized and scheduled race, speed, or endurance contest;
- participation in base jumping, bungee jumping, cliff jumping, kite surfing, kiteboarding, luging, parachuting, paragliding, parakiting, parasailing, ski jumping, skydiving, spelunking, tricking, or wingsuit flying

Additionally, no benefits will be paid for an Injury that occurs prior to an Insured being covered under the Certificate.

## CRITICAL ILLNESS BENEFITS

| Covered Conditions   | Benefit Amount  |          |          |
|--|---|----------|----------|
|  | Member  | Spouse   | Child    |
| Alzheimer's or Dementia Disease  | \$20,000  | \$10,000 | \$10,000 |
| Coma   | \$20,000  | \$10,000 | \$10,000 |
| Complete Loss of Hearing   | \$5,000   | \$2,500  | \$2,500  |
| Complete Loss of Sight   | \$5,000   | \$2,500  | \$2,500  |
| Complete Loss of Speech  | \$5,000   | \$2,500  | \$2,500  |
| Coronary Artery Disease - Angioplasty or Atherectomy   | \$2,000   | \$1,000  | \$1,000  |
| Coronary Artery Disease - Bypass Surgery   | \$5,000   | \$2,500  | \$2,500  |
| End-Stage Renal Failure  | \$20,000  | \$10,000 | \$10,000 |
| Heart Attack   | \$20,000  | \$10,000 | \$10,000 |
| Invasive Cancer  | \$20,000  | \$10,000 | \$10,000 |
| Major Organ Failure (without Kidney)   | \$20,000  | \$10,000 | \$10,000 |
| Non-Invasive Cancer  | \$5,000   | \$2,500  | \$2,500  |
| Occupational HIV   | \$20,000  | \$10,000 | \$10,000 |
| Permanent Paralysis  | \$20,000  | \$10,000 | \$10,000 |
| Severe Burns   | \$20,000  | \$10,000 | \$10,000 |
| Stroke   | \$20,000  | \$10,000 | \$10,000 |
| Wellness Benefits  | Benefit Amount  |          |          |
|  | Employee  | Spouse   | Child    |
| Health Screening - Preventative Care   | \$100   | \$100    | \$100    |
| Maximum Wellness Benefits per Year per Person  | 1 Visit   |          |          |
| Maximum Wellness Benefits per Year per Family  | 4 Visits  |          |          |
| Covered Screenings   |   |          |          |
| abdominal aortic aneurysm ultrasonography;<br>biopsies for cancer;<br>blood test for lipids including total cholesterol, LDL, HDL, and triglycerides;<br>bone marrow testing;<br>bone density screening;<br>CA15-3 blood test for breast cancer;<br>CA 125 blood test for ovarian cancer;<br>cancer genetic mutation test (BRCA);<br>carotid doppler;<br>CEA blood test for colon cancer;<br>chest x-ray;<br>colonoscopy;<br>CT angiography; | double contrast barium enema;<br>electrocardiogram;<br>fasting blood glucose test;<br>flexible sigmoidoscopy;<br>hemoccult stool analysis;<br>Lymphocyte Genome Sensitivity Test (LGS) (universal blood test for cancer);<br>pap smear (including ThinPrep);<br>PSA test;<br>serum cholesterol test to determine level of HDL and LDL;<br>serum protein electrophoresis (blood test for myeloma);<br>skin cancer screening;<br>stress test;<br>testicular ultrasound;<br>thermography;<br>smoking cessation program; or<br>weight reduction program |          |          |

## Exclusions and Limitations

### **Pre-Existing Condition Limitation:**

Benefits will not be paid for any loss that is a Pre-Existing Condition, unless the Covered Person has satisfied the applicable Pre-Existing Condition Limitation Period. A Pre-Existing Condition is a condition, whether diagnosed or not, for which symptoms existed within the Pre-Existing Condition Limitation Period or for which medical advice or treatment was recommended or received from a physician within the same period. For plans including cancer coverage, benefits are not payable for any cancer diagnosed within the Pre-Existing Condition Limitation Period if the cancer is a pre-existing condition.

No Pre-Existing Condition limitation will be applied for Dependent Children who are born or adopted while the Named Insured is covered, and who are continuously covered from the date of birth or adoption. Credit toward the satisfaction of the Pre-Existing Condition Limitation Period will be given for any continuous time the Covered Person was covered under the pre-existing condition clause of previous coverage through another carrier if: (1) the previous coverage was similar to or exceeded coverage under the current plan; (2) the Covered Person was insured under the previous coverage at the time of enrollment in the current plan; and (3) the Covered Person was insured under the coverage provided under the current plan on the Certificate Effective Date. The Covered Person is responsible for furnishing proof of their previous coverage, to include type of coverage, length the previous coverage was in force and the date the previous coverage terminated.

The Pre-Existing Condition Limitation Period is dependent on the plan.



## Monthly Rates\*

| Age Range |    | Member Only | Member + SP | Member + CH | Family   |
|-----------|----|-------------|-------------|-------------|----------|
| 18        | 29 | \$20.14     | \$32.28     | \$34.96     | \$53.92  |
| 30        | 34 | \$25.43     | \$40.25     | \$40.26     | \$61.90  |
| 35        | 39 | \$32.39     | \$50.86     | \$47.22     | \$72.51  |
| 40        | 44 | \$41.83     | \$65.34     | \$56.66     | \$86.99  |
| 45        | 49 | \$54.09     | \$84.38     | \$68.92     | \$106.02 |
| 50        | 54 | \$68.17     | \$106.48    | \$83.00     | \$128.12 |
| 55        | 59 | \$85.32     | \$133.38    | \$100.15    | \$155.03 |
| 60        | 64 | \$115.43    | \$180.10    | \$130.26    | \$201.74 |

\*A \$4.00 transaction fee will be applied each deduction period.

## Quarterly Rates\*

| Age Range |    | Member Only | Member + SP | Member + CH | Family   |
|-----------|----|-------------|-------------|-------------|----------|
| 18        | 29 | \$60.42     | \$96.84     | \$104.88    | \$161.76 |
| 30        | 34 | \$76.29     | \$120.75    | \$120.78    | \$185.70 |
| 35        | 39 | \$97.17     | \$152.58    | \$141.66    | \$217.53 |
| 40        | 44 | \$125.49    | \$196.02    | \$169.98    | \$260.97 |
| 45        | 49 | \$162.27    | \$253.14    | \$206.76    | \$318.06 |
| 50        | 54 | \$204.51    | \$319.44    | \$249.00    | \$384.36 |
| 55        | 59 | \$255.96    | \$400.14    | \$300.45    | \$465.09 |
| 60        | 64 | \$346.29    | \$540.30    | \$390.78    | \$605.22 |

\*A \$4.00 transaction fee will be applied each deduction period.

## Annual Rates\*

| Age Range |    | Member Only | Member + SP | Member + CH | Family     |
|-----------|----|-------------|-------------|-------------|------------|
| 18        | 29 | \$241.68    | \$387.36    | \$419.52    | \$647.04   |
| 30        | 34 | \$305.16    | \$483.00    | \$483.12    | \$742.80   |
| 35        | 39 | \$388.68    | \$610.32    | \$566.64    | \$870.12   |
| 40        | 44 | \$501.96    | \$784.08    | \$679.92    | \$1,043.88 |
| 45        | 49 | \$649.08    | \$1,012.56  | \$827.04    | \$1,272.24 |
| 50        | 54 | \$818.04    | \$1,277.76  | \$996.00    | \$1,537.44 |
| 55        | 59 | \$1,023.84  | \$1,600.56  | \$1,201.80  | \$1,860.36 |
| 60        | 64 | \$1,385.16  | \$2,161.20  | \$1,563.12  | \$2,420.88 |

\*A \$4.00 transaction fee will be applied each deduction period.

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## **SERVING FARMERS UNION MEMBERS ACROSS KANSAS AND NEBRASKA**

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**FOR QUESTIONS ABOUT ANY OF YOUR FAMILY'S FINANCIAL NEEDS, CONTACT**

### **YOUR NFU FINANCIAL SERVICES TEAM:**

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**Life Annuities Health Dental Vision Medicare**

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