



AMERICAN FIDELITY  
ASSURANCE COMPANY'S

# *Accident Only* Insurance Plan



*Accidents Happen. Are You Prepared?*

# Accident Only Plan

Accidents  
can  
happen  
to anyone  
at  
any time.

You cannot plan for when an accident will happen, but you can start preparing for the unexpected medical expenses if you or a family member suffers from a covered accidental injury. American Fidelity can help you prepare for those rising medical costs if you have to receive medical treatment for a covered accidental injury.

## Consider the Facts

- **About 1 out of every 9 Americans sought medical attention for an injury in 2007.<sup>1</sup>**
- **Approximately 88% of all disabling accidents are not work related.<sup>1</sup>**
- **Total costs of accidental injuries averaged \$27,311 per injury in 2008.<sup>1</sup>**

<sup>1</sup> National Safety Council, *Injury Facts*, 2010 Edition

American Fidelity's Limited Benefit Accident Only Insurance Plan provides coverage for you and your family against those unforeseen accident expenses. Start providing financial protection today for you and your family if an accident suddenly occurs.

## American Fidelity's Accident Only Plan Can Help You

- Benefits include emergency room treatment, ambulance transportation, follow-up treatment and a wellness benefit.
- Benefit payments made directly to you.
- Benefits regardless of other coverage.
- Several options to extend coverage to your family including:
  - *Individual & Spouse Plan* - You and your Spouse.
  - *Individual & Children Plan* - You and each Eligible Child, as defined in the policy.
  - *Family Plan* - You, your Spouse and each Eligible Child, as defined in the policy.
- Coverage for you and each covered family member 24 hours a day, 7 days a week.
- Guaranteed renewability for the base plan for as long as you pay your premiums as required.
- Accident Benefit Enhancement Rider **enhances** your policy by increasing selected benefit amounts and adding more benefits.



# Medical Expense Benefits

A Covered Person under American Fidelity's Limited Benefit Accident Only Policy can expect the following benefits when a Covered Accident happens:

## ACCIDENT EMERGENCY TREATMENT BENEFIT

### Hospital Emergency Room

Basic Plan - \$100      Enhanced Plan - \$150      Enhanced Plus Plan - \$200

#### **Total with Enhancement Rider**

Basic Plan - \$150      Enhanced Plan - \$200      Enhanced Plus Plan - \$250

### Doctor's Office

Basic Plan - \$75      Enhanced Plan - \$100      Enhanced Plus Plan - \$125

#### **Total with Enhancement Rider**

Basic Plan - \$150      Enhanced Plan - \$200      Enhanced Plus Plan - \$250

These benefits are provided for a Covered Person who receives emergency treatment in a Physician's office or Hospital emergency room within 72 hours of the Covered Accident, including physician fees, x-rays and emergency services. Benefits for x-rays are not payable under this benefit if payable under the X-ray Benefit under the optional Benefit Enhancement Rider. This benefit is payable once per Covered Person per Covered Accident.

## ACCIDENT FOLLOW-UP TREATMENT BENEFIT

### \$50 per treatment for Basic, Enhanced and Enhanced Plus Plans

This benefit provides for necessary follow-up treatment of Injuries in addition to the emergency treatment administered within 72 hours of a Covered Accident for up to four treatments per Covered Person per Covered Accident. This benefit is not payable for the same visit in which a Physical Therapy Benefit is paid. This benefit is also not payable if the Non-Emergency Accident Follow-up benefit is paid under the optional Benefit Enhancement Rider.

## MEDICAL IMAGING BENEFIT

### \$150 for Basic, Enhanced and Enhanced Plus Plans

#### **Total with Enhancement Rider**

### \$200 for Basic, Enhanced and Enhanced Plus Plans

You receive this benefit for a Covered Person who has either a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, a Computed Axial Tomography (CAT) scan, a Positron Emission Tomography (PET) scan or an ultrasound.

Protect yourself from high costs resulting from an accidental injury.



"Total With Enhancement Rider" equals the base policy benefit amount plus the additional amount of increase with rider added.

# Help When You Need It Most.

Benefit payments are made directly to you.



## HOSPITAL CONFINEMENT BENEFITS

### Hospital Admission

Basic Plan - \$500      Enhanced Plan - \$1,000      Enhanced Plus Plan - \$1,500

### Intensive Care Confinement

Basic Plan - \$300      Enhanced Plan - \$600      Enhanced Plus Plan - \$900

### Hospital Confinement

Basic Plan - \$100      Enhanced Plan - \$200      Enhanced Plus Plan - \$300

You will receive a one-time Hospital Admission Benefit per Covered Accident if a Covered Person is Hospital Confined due to accidental Injuries (does not include emergency room and outpatient treatment). You will also receive a daily benefit for a Hospital Confinement that is longer than 18 hours for up to 365 days and an additional daily benefit for Confinement in an Intensive Care Unit up to 15 days.

## WELLNESS BENEFIT

Basic Plan - \$50      Enhanced Plan - \$75      Enhanced Plus Plan - \$75

After coverage is in force 12 months, you or any other Covered Person can receive a benefit for an annual routine physical exam, including immunizations and preventive testing. Services must be supervised by a Physician and a charge must be incurred for the service. The benefit does not apply to dental or eye exams and is payable once per policy per calendar year.

## AMBULANCE BENEFIT

**\$150 for ground ambulance transport for Basic, Enhanced and Enhanced Plus Plans**

**\$500 for air ambulance transport for Basic, Enhanced and Enhanced Plus Plans**

### **Total with Enhancement Rider**

***\$300 for ground ambulance transport for Basic, Enhanced and Enhanced Plus Plans***

***\$1,500 for air ambulance transport for Basic, Enhanced and Enhanced Plus Plans***

This benefit is provided when accidental Injuries due to a Covered Accident requires a Covered Person to be transported by a licensed ambulance to a Hospital or emergency center. If air and ground ambulance transportation is required for the same Covered Accident, only the highest benefit amount will be paid.

## TRANSPORTATION BENEFIT

**\$300 per round trip for Basic, Enhanced and Enhanced Plus Plans**

You will receive this benefit for transportation of a Covered Person requiring specialized treatment and Hospital Confinement in a non-local Hospital due to injuries sustained in a Covered Accident. The non-local Hospital must be at least 100 miles away, one way (50 miles if Benefit Enhancement Rider is elected), using the most direct route, from the closer of the Covered Person's residence or site of the Covered Accident. Travel must be by scheduled bus, plane, train or car and excludes Ambulance service. The treatment must be prescribed by a Physician and not be available locally. Benefits are provided for up to three round trips per Calendar Year per Covered Person. Transportation benefits will only be provided for the Injured Covered Person.

## FAMILY MEMBER LODGING AND MEALS BENEFIT

**\$100 per day of Confinement for Basic, Enhanced and Enhanced Plus Plans**

You will receive this benefit for lodging and meals for a family member to be near a Covered Person who is Hospital Confined in a non-local Hospital. The non-local Hospital must be at least 100 miles away, one way (50 miles if Benefit Enhancement Rider is elected), using the most direct route, from the closer of the Covered Person's residence or site of the Covered Accident. This benefit is payable only during the period the Injured Covered Person is Hospital confined. This benefit is paid for up to 30 days of Hospital Confinement per Covered Accident.

*"Total With Enhancement Rider" equals the base policy benefit amount plus the additional amount of increase with rider added.*

## ACCIDENTAL DEATH OR DISMEMBERMENT BENEFIT

The applicable benefits apply when a Covered Person's Accidental Death or Dismemberment occurs within 90 days of a Covered Accident.

### Accidental Death Benefit

#### Primary Insured

Basic Plan - \$15,000 - \$50,000

Enhanced Plan - \$30,000 - \$100,000

Enhanced Plus Plan - \$60,000 - \$200,000

#### Spouse

Basic Plan - \$7,500 - \$25,000

Enhanced Plan - \$15,000 - \$50,000

Enhanced Plus Plan - \$30,000 - \$100,000

*Total with Rider = \$15,000 - \$50,000*

*Total with Rider = \$30,000 - \$100,000*

*Total with Rider = \$60,000 - \$200,000*

#### Child

Basic Plan - \$5,000 - \$10,000

Enhanced Plan - \$10,000 - \$20,000

Enhanced Plus Plan - \$20,000 - \$40,000

*Total with Rider = \$7,500 - \$25,000*

*Total with Rider = \$15,000 - \$50,000*

*Total with Rider = \$30,000 - \$100,000*

### Accidental Dismemberment Benefit

#### Primary Insured

Basic Plan - \$300 - \$15,000

Enhanced Plan - \$600 - \$30,000

Enhanced Plus Plan - \$1,200 - \$60,000

*Total with Rider = \$1,000 - \$15,000*

*Total with Rider = \$1,500 - \$30,000*

*Total with Rider = \$2,000 - \$60,000*

#### Spouse

Basic Plan - \$150 - \$7,500

Enhanced Plan - \$300 - \$15,000

Enhanced Plus Plan - \$600 - \$30,000

*Total with Rider = \$1,000 - \$15,000*

*Total with Rider = \$1,500 - \$30,000*

*Total with Rider = \$2,000 - \$60,000*

#### Child

Basic Plan - \$100 - \$5,000

Enhanced Plan - \$200 - \$10,000

Enhanced Plus Plan - \$400 - \$20,000

*Total with Rider = \$500 - \$7,500*

*Total with Rider = \$750 - \$15,000*

*Total with Rider = \$1,000 - \$30,000*

In the event that Accidental Death and Dismemberment result from the same Covered Accident, only the Accidental Death benefit will be paid. Accidental Death or Dismemberment must be independent of any disease or bodily infirmity or any other cause. Only the highest single benefit will be paid. Loss of use does not constitute dismemberment except as stated for eye injuries in the policy.

*"Total With Rider" equals the base policy benefit amount plus the additional amount of increase with Benefit Enhancement Rider added.*

Coverage  
available  
for you and  
your family.



# Additional Medical Expense Benefits

*Benefit amounts for Basic, Enhanced and Enhanced Plus Plans*

## **APPLIANCES**

**\$100**

This benefit provides for one of the following: crutches, leg braces, back braces, walkers, or wheel chairs. This benefit is not payable for Prosthetic Devices.

## **BLOOD, PLASMA AND PLATELETS**

**\$250**

This benefit does not include payment for immunoglobulins.

## **BURNS**

**\$100 - \$10,000**

This benefit is provided for second and third degree burns received in a Covered Accident when treated by a Physician within 72 hours.

## **SKIN GRAFT**

**25% of the covered Burn Benefit**

This benefit is paid when a Covered Person receives a skin graft for a burn which benefits were paid under the Burn Benefit.

## **DISLOCATIONS**

**\$25 - \$3,000**

Benefit amount varies by the joint involved, type of treatment, and type of anesthesia. If a Covered Person receives more than one Dislocation in a Covered Accident, we will pay for all Dislocations up to two times the amount shown in the Schedule of Benefits for the Dislocation involved that has the highest benefit amount. No other amount will be paid under this benefit. Benefits are payable only for the first Dislocation of a joint which occurs while this policy is in force and requires open or closed Reduction.

## **EXPLORATORY SURGERY WITHOUT SURGICAL REPAIR**

**\$250**

This benefit is payable for only one exploratory surgery without surgical repair per Covered Accident per Covered Person.

## **EYE INJURY**

**\$250 for surgical repair; \$50 for removal of foreign body**

These benefits will be paid for one or both eyes requiring treatment by a Physician due to a Covered Accident. If permanent loss of use of one or both eyes occurs, benefits will be paid under the Accidental Dismemberment Benefit.

## **FRACTURES**

**\$25 - \$3,000**

Benefit varies based on the bone involved, type of fracture and type of treatment. If the Covered Person fractures more than one bone in a Covered Accident, payment is made for all Fractures up to two times the amount for the bone involved that has the highest benefit amount. All fractures must be treated by a Physician.

## **INTERNAL INJURIES**

**\$1,000**

This benefit is provided for open abdominal or thoracic surgery performed within 72 hours of a Covered Accident.

## **LACERATIONS**

**\$25 - \$400**

This benefit varies based on the severity of the laceration. The lacerations must be repaired or treated by a Physician.

## **CONCUSSION BENEFIT**

**\$200**

This benefit is provided for a Covered Person who sustains a concussion and is diagnosed by a Physician within 72 hours of the Covered Accident using any type of imaging.

## **PHYSICAL THERAPY**

**\$25 per treatment**

This benefit is provided for up to one treatment per day for up to eight treatments per Covered Person per Covered Accident. The benefit is not payable for the same visit that the Accident Follow-up Treatment Benefit is paid. This benefit is also not payable if the Non-Emergency Accident Follow-up benefit is paid under the optional Benefit Enhancement Rider.

## **PROSTHESIS**

**\$500**

This benefit is not payable for hearing aids; dental aids; false teeth; eye glasses; cosmetic aids such as hair wigs; joint replacements such as artificial hips or knees.

## **RUPTURED DISC OR TORN KNEE CARTILAGE**

**\$500**

This benefit is provided for surgical repair performed by a Physician.

## **TENDONS, LIGAMENTS AND ROTATOR CUFF**

**\$500 for single surgical repair;**

**\$750 for multiple surgical repair**

The tendons, ligaments or rotator cuff must be treated by a Physician and must be repaired through surgery.

## **EMERGENCY DENTAL WORK**

**\$150 for broken teeth repaired with crown;**

**\$50 for extraction of broken teeth regardless of number of teeth**

This benefit provides for repair to natural teeth when treated by a Physician or dentist. Initial dental treatment must be received within 72 hours of the Covered Accident. Benefits paid only once per Covered Person per Covered Accident.

## **PARALYSIS**

**Quadriplegia \$10,000; Paraplegia \$5,000**

The duration of the Paralysis must be a minimum of 3 consecutive months. This benefit is paid once per lifetime per Covered Person.

# Accident Benefit Enhancement Rider

Enhance your benefit amount and options by adding the Accident Benefit Enhancement Rider to your policy.

## NON-EMERGENCY ACCIDENT INITIAL TREATMENT BENEFIT

Basic Plan - \$75      Enhanced Plan - \$100      Enhanced Plus Plan - \$125

We will pay the amount shown in the Schedule of Benefits for a Covered Person who receives initial medical treatment for Injuries sustained in a Covered Accident when such treatment is received more than 72 hours after the Covered Accident. Initial medical treatment must: (1) be received in a Physician's office or emergency room for Injuries sustained in a Covered Accident; and (2) be the first treatment received by the Covered Person for such Injuries; and (3) occur within 30 days following the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

## NON-EMERGENCY ACCIDENT FOLLOW-UP TREATMENT BENEFIT

\$50 for Basic, Enhanced and Enhanced Plus Plans

This benefit provides for necessary follow-up treatment of Injuries in addition to the initial medical treatment administered when such initial treatment was received more than 72 hours after a Covered Accident for up to two treatments per Covered Person per Covered Accident. Medical treatment must be provided by a Physician. This benefit is not payable for a visit in which a Physical Therapy Benefit or the Accident Follow-up Treatment Benefit is paid.

## X-RAY BENEFIT

Basic Plan - \$50      Enhanced Plan - \$100      Enhanced Plus Plan - \$150

We will pay the amount shown in the Schedule of Benefits for a Covered Person who has an x-ray performed due to Injuries sustained in a Covered Accident. The x-ray must be done at the request of a Physician. This benefit is payable one time per Covered Person per Covered Accident. This benefit does not cover any tests payable under the Medical Imaging Benefit or any other screening or medical imaging tests.

## OUTPATIENT HOSPITAL OR AMBULATORY SURGICAL CENTER BENEFIT

Basic Plan - \$150      Enhanced Plan - \$250      Enhanced Plus Plan - \$350

When a surgical procedure is performed on an outpatient basis in a Hospital or at an Ambulatory Surgical Center on a Covered Person for Injuries sustained in a Covered Accident, we will pay the indemnity amount shown in the Schedule of Benefits for the facility fee charged by such Hospital or Ambulatory Surgical Center. We will only pay one Outpatient Hospital or Ambulatory Surgical Center Benefit per Covered Person in a 24-hour period even if more than one surgical procedure is performed. This benefit will not be paid for surgery performed in a Hospital emergency room or in a Physician's office.

## ANESTHESIA BENEFIT

Basic Plan - \$150      Enhanced Plan - \$200      Enhanced Plus Plan - \$250

We will pay the amount shown in the Schedule of Benefits for the services of an anesthesiologist received as a result of a surgery performed due to Injuries sustained in a Covered Accident. Hospital Confinement is not required to receive this benefit. We will only pay one Anesthesia Benefit per Covered Person in a 24-hour period even if more than one surgical procedure is performed. This benefit is not payable for local anesthesia.

By adding the Accident Benefit Enhancement rider to your policy, you will also receive **additional** benefit amounts to the following benefits: **Accident Emergency Treatment Benefit; Hospital Emergency Room and Doctor's Office; Medical Imaging Benefit; Ambulance Benefit; and Accidental Death or Dismemberment Benefit.**

Enhance your policy with additional benefits and benefit amounts.



## LIMITATIONS AND EXCLUSIONS

All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. All benefits are paid once per Covered Person per Covered Accident unless otherwise specified.

An Accident is defined as a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause. This policy will not pay benefits for injuries received prior to the Effective Date of coverage that are aggravated or re-injured by any event that occurs after the Effective Date.

A hospital is not an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

No benefits will be provided for an Accident that is caused by or occurs as a result of: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft; any act that was caused by war, declared or undeclared, or service in any of the armed forces; participation in any activity or event while under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; participation in, or attempting to participate in, a felony, riot or insurrection. (A felony is as defined by the law of the jurisdiction in which the activity takes place.); participation in any sport for pay or profit; participation in any contest of speed in a power driven vehicle for pay or profit; or participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

Benefits will not be paid for services rendered by a member of the immediate family of a Covered Person. Benefits will not be provided for medical treatment for an Accident received outside the United States or its territories.

You are guaranteed the right to renew your base policy during your lifetime as long as you pay premiums when due or within the premium grace period. You cannot be singled out for a rate increase for any reason. The Insurer has the right to increase premium rates only if rates for all policies in this class change.

**This is a brief description of the coverage. For actual benefits, limitations, exclusions and other provisions, please refer to the policy, AO-03, and optional rider, Accident Only Benefit Enhancement Rider, AMDI-258 Series. This coverage does NOT replace Workers' Compensation Insurance. This product is inappropriate for people who are eligible for Medicaid coverage.**

ACCIDENT ONLY MONTHLY PREMIUMS				
BASIC PLAN				
	<i>Individual</i>	<i>Individual &amp; Spouse</i>	<i>Individual &amp; Children</i>	<i>Family</i>
<b>Plan</b>	\$14.60	\$21.60	\$24.80	\$31.80
<b>Rider</b>	5.30	6.70	6.70	8.10
ENHANCED PLAN				
	<i>Individual</i>	<i>Individual &amp; Spouse</i>	<i>Individual &amp; Children</i>	<i>Family</i>
<b>Plan</b>	\$20.40	\$27.50	\$32.80	\$39.90
<b>Rider</b>	5.70	7.40	8.20	9.90
ENHANCED PLUS PLAN				
	<i>Individual</i>	<i>Individual &amp; Spouse</i>	<i>Individual &amp; Children</i>	<i>Family</i>
<b>Plan</b>	\$26.60	\$33.80	\$41.60	\$48.80
<b>Rider</b>	6.80	8.10	9.70	11.10

*The premium and amount of benefits may vary dependent upon the plan selected.*



Our Family, *Dedicated to Yours.*<sup>™</sup>

2000 N. Classen Boulevard • Oklahoma City, Oklahoma 73106 • (800) 654-8489  
www.afadvantage.com