



Accident Only Insurance

Limited Benefit Accident Only Insurance

AMERICAN FIDELITY

a different opinion



Life Provides the Accidents

Whether you're a weekend warrior with an active lifestyle or just a busy family, accidents can happen to you anytime, anywhere, without warning. Being prepared for the unexpected can make all the difference.

You cannot plan for when an accident will happen, but you can start preparing for an unexpected medical expense! American Fidelity Assurance Company's Limited Benefit Accident Only Insurance Plan provides coverage for you and your family to help with those unforeseen accident expenses. Start providing financial protection today for you and your family if an accident suddenly occurs.



How is an Accident Defined?

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.*

How Would You Cover Your Out-of-Pocket Costs?

Just going for a walk around the block or heading to your driveway could lead to a twisted knee and torn meniscus, one of the more common claims submitted under this plan. See how it works!

Consider the facts

Medical expenses averaged \$5,550 per unintentional injury in 2013.¹

Plan Options

You can take advantage of the following options to extend coverage to your family:

- **Individual Plan**
The Insured, age 18 through 64, at the date of policy issue, is the only Covered Person.
- **Individual and Spouse Plan**
The Insured and your Spouse, age 18 through 64, at the date of policy issue.
- **Individual and Child(ren) Plan**
The Insured, age 18 through 64, at the date of policy issue, and each Eligible Child, as defined in the policy.
- **Family Plan**
The Insured and Spouse, age 18 through 64, at the date of policy issue, and Eligible Child, as defined in the policy.

¹ National Safety Council, *Injury Facts, 2015 Edition*, p. 2-6.

* Policyholders please refer to your certificate for your state's specific policy definition.

Schedule of Benefits for Policy and Benefit Enhancement Rider^{*, **}

ACCIDENT BENEFIT	Basic	Enhanced	Enhanced Plus
EMERGENCY ACCIDENT TREATMENT			
Emergency Accident Treatment	\$150	\$200	\$250
Emergency Accident Follow-up Treatment (up to four treatments)	\$50	\$50	\$50
NON-EMERGENCY ACCIDENT TREATMENT			
Non-Emergency Accident Initial Treatment	\$75	\$100	\$125
Non-Emergency Follow-up Treatment (up to two treatments)	\$50	\$50	\$50
MEDICAL IMAGING			
MRI, CT, CAT, PET, US	\$200	\$200	\$200
X-Rays	\$50	\$100	\$150
HOSPITAL CONFINEMENT			
Hospital Admission	\$500	\$1,000	\$1,500
Intensive Care Unit (up to 15 days)	\$300	\$600	\$900
Hospital Confinement (up to 365 days)	\$100	\$200	\$300
AMBULANCE			
Ground	\$300	\$300	\$300
Air	\$1,500	\$1,500	\$1,500
TREATMENT			
Outpatient Hospital or Ambulatory Surgical Center	\$150	\$250	\$350
Anesthesia	\$150	\$200	\$250
TRANSPORTATION BENEFITS			
Transportation Patient only, per round trip for up to 3 round trips per calendar year	\$300	\$300	\$300
Family Member Lodging and Meals Per day per accident; up to 30 days per confinement	\$100	\$100	\$100

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT			
BASIC	PRIMARY	SPOUSE	CHILD
Common Carrier	\$50,000	\$50,000	\$25,000
Other Accident	\$15,000	\$15,000	\$7,500
Dismemberment	\$1,000 to \$15,000	\$1,000 to \$15,000	\$500 to \$7,500
ENHANCED	PRIMARY	SPOUSE	CHILD
Common Carrier	\$100,000	\$100,000	\$50,000
Other Accident	\$30,000	\$30,000	\$15,000
Dismemberment	\$1,500 to \$30,000	\$1,500 to \$30,000	\$750 to \$15,000
ENHANCED PLUS	PRIMARY	SPOUSE	CHILD
Common Carrier	\$200,000	\$200,000	\$100,000
Other Accident	\$60,000	\$60,000	\$30,000
Dismemberment	\$2,000 to \$60,000	\$2,000 to \$60,000	\$1,000 to \$30,000

Benefit amounts for the following Benefits are the same for Basic, Enhanced, and Enhanced Plus Plans for all covered persons.		Benefit Amounts
ACCIDENT TREATMENT BENEFITS		
Fractures Benefit <i>Depending on open or closed reduction, bone involved, or chip fracture</i>		\$25 to \$3,000
Lacerations Benefit <i>Not requiring sutures</i> <i>Sutured lacerations up to two inches</i> <i>Sutured lacerations totaling two to six inches</i> <i>Sutured lacerations totaling over six inches</i>		\$25 \$100 \$200 \$400
Appliances Benefit <i>Crutches, leg braces, etc.</i>		\$100
Torn Knee Cartilage or Ruptured Disc Benefit		\$500
Eye Injury Benefit <i>Injury with surgical repair, for one or both eyes</i> <i>Removal of foreign body by a physician, for one or both eyes</i>		\$250 \$50
Dislocations Benefit <i>Depending on open or closed reduction, with or without anesthesia and joint involved. No other amount will be paid under this benefit.</i>		\$25 - up to \$3,000
Concussion Benefit		\$200
2nd & 3rd Degree Burns <i>Skin grafts are 25% of benefit</i>		\$100 to \$10,000
Internal Injuries Benefit <i>Resulting in open abdominal or thoracic surgery</i>		\$1,000
Paralysis Benefit: Paraplegia / Quadriplegia		\$5,000 / \$10,000
Tendons, Ligaments, and Rotator Cuff Benefit <i>One tendon, ligament, or rotator cuff</i> <i>More than one tendon, ligament, or rotator cuff</i>		\$500 \$750
Blood, Plasma, and Platelets		\$250
Exploratory Surgery without Surgical Repair		\$250
Physical Therapy <i>Per treatment up to eight treatments</i>		\$25
Prosthesis		\$500
Emergency Dental Work <i>Broken teeth repaired with crown</i> <i>Extraction of broken teeth (regardless of number)</i>		\$150 \$50

*Refer to Plan Benefit Highlights section for more Benefit Descriptions on the Accident Only Insurance Policy and Benefit Enhancement Rider.
**The premium and amount of benefits provided vary based upon the plan selected.

Plan Benefit Highlights for Policy and Benefit Enhancement Rider

Accident Emergency Treatment Benefit

Payable for receiving emergency treatment in a Physician's office or emergency room within 72 hours, including physician fees and emergency services.

Accident Follow-up Treatment Benefit

Payable for necessary follow-up treatment of Injuries in addition to the emergency treatment administered within 72 hours for up to four treatments. Not payable for a visit in which a Physical Therapy Benefit or Non-Emergency Follow-Up Benefit is paid.

Non-Emergency Accident Initial Treatment Benefit

Payable 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. Payable once per Covered Person per Covered Accident.

Non-Emergency Accident Follow-up Treatment Benefit

Payable only if the Non-Emergency Accident Initial Treatment Benefit is payable and later a Covered Person requires additional treatment: we will pay over and above the initial medical treatment administered. We will pay for up to two treatments provided by a Physician per Covered Person per Covered Accident. Not payable for the same visit that the Physical Therapy Benefit or the Accident Follow-Up Benefit is paid.

Hospital Admission Benefit

Pays an indemnity amount per admission when the Covered Person is confined to a Hospital as a result of a Covered Accident. Pays once per Covered Person per Covered Accident. This benefit does not pay for outpatient treatment, emergency room treatment, or a stay of less than 18 hours in an observation unit.

Intensive Care Confinement Benefit

Pays an indemnity amount per day for each day of confinement in an Intensive Care Unit, as defined in the policy, up to 15 days per Covered Person per Covered Accident. This benefit is paid in addition to the Hospital Confinement Benefit.

Hospital Confinement Benefit

Pays an indemnity amount per day of confinement when confined for at least 18 hours, up to 365 days per Covered Person per Covered Accident. 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.

Medical Imaging Benefit

Payable 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 when performed due to injuries received in a Covered Accident.

Ambulance Benefit

If air and ground ambulance transportation is required for the same Covered Accident, only the highest benefit will be paid.

Transportation Benefit

Payable for the transportation of a Covered Person who requires specialized treatment and Hospital Confinement in a non-local Hospital due to Injuries sustained in a Covered Accident. A non-local Hospital must be at least 50 miles away, one way, 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 by car. Ambulance service does not qualify for this benefit. The treatment must be prescribed by a Physician and not be available locally.

Family Member Lodging and Meals Benefit

Payable for lodging and meals for a family member to be near a Covered Person who is Hospital Confined in a non local Hospital. The Hospital must be at least 50 miles away, one way, using the most direct route from the closer of the Covered Persons residence or site of the Covered Accident.

Plan Benefit Highlights for Policy and Benefit Enhancement Rider Cont'd.

Accidental Death and Dismemberment Benefit

The applicable benefits apply when a Covered Person's Accidental Death or Dismemberment occurs within 90 days of a Covered Accident. In the event that Accidental Death and Dismemberment result from the same Covered Accident, only the Accidental Death Benefit will be paid.

Fractures 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.

Lacerations Benefit

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

Appliances Benefit

Payable for one of the following: crutches, leg braces, back braces, walkers, or wheel chairs. Not payable for Prosthetic Devices. This benefit is payable only once per Covered Person per Covered Accident.

Torn Knee Cartilage or Ruptured Disc Benefit

Payable for surgical repair performed by a Physician as a result of a Covered Accident.

Eye Injury Benefit

Payable for one or both eyes requiring treatment by a Physician due to a Covered Accident.

Dislocations Benefit

Amount payable 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.

Concussion Benefit

Payable 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 medical imaging.

Burns Benefit

Payable for 2nd and 3rd degree burns received in a Covered Accident when treated by a Physician within 72 hours.

Internal Injuries Benefit

Payable for an open abdominal or thoracic surgery performed within 72 hours of a Covered Accident.

Paralysis Benefit

The duration of the Paralysis must be a minimum of three consecutive months. Paid once per lifetime per Covered Person.

Tendons, Ligaments and Rotator Cuff Benefit

Pays an indemnity amount for the repair of one or more tendons, ligaments, or rotator cuffs per Covered Person per Covered Accident. The tendons, ligaments, or rotator cuff must be treated by a Physician and repaired through surgery.

Blood, Plasma and Platelets Benefit

Pays an indemnity benefit per Covered Person per Covered Accident for blood, plasma and platelets. This benefit does not provide benefits for immunoglobulins. This benefit is payable once per Covered Person per Covered Accident.

Emergency Dental Work Benefit

Pays an indemnity amount for a Covered Person for repair to natural teeth when treated by a Physician or dentist and that is a result of Injuries sustained in a Covered Accident. Initial dental treatment must be received within 72 hours of the Covered Accident. Benefits are paid only once per Covered Person per Covered Accident.

Exploratory Surgery Benefit

Pays an indemnity benefit per Covered Person per Covered Accident when an exploratory surgical operation without surgical repair is performed on a Covered Person for Injuries sustained in a Covered Accident. This benefit is payable for only one exploratory surgery without surgical repair per Covered Person per Covered Accident.

Plan Benefit Highlights for Policy and Benefit Enhancement Rider Cont'd.

Prosthesis Benefit

Pays an indemnity benefit for a Covered Person who requires the use of a Prosthesis as a result of Injuries sustained in a Covered Accident. This benefit is payable only once per Covered Person per Covered Accident. This benefit is not payable for hearing aids; dental aids; eye glasses; false teeth; or for cosmetic aids such as wigs.

Physical Therapy Benefit

Pays an indemnity amount for one treatment per day for up to eight treatments by a caregiver licensed in physical therapy when advised by a Physician for Injuries sustained in a Covered Accident. This benefit is not payable for the same visit that the Accident Follow-up Treatment Benefit or Non-Emergency Follow-Up Benefit is paid.

Other Benefits include:

- Ambulatory Surgical Center Benefit
- X-ray
- Anesthesia Benefit

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 in the Schedule of Benefits or Plan Benefits section. Premium and amount of Benefits may vary dependent upon Plan selected.

See your policy for more information regarding the benefits listed above.

Limitations and Exclusions

Base Policy and Benefit Enhancement Rider

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. The 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.

No benefits will be provided if the Covered Person becomes totally disabled due to a Covered 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 farepaying 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; participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

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

Accident Only Insurance Premiums* for Policy and Benefit Enhancement Rider

MONTHLY PREMIUMS	Basic	Enhanced	Enhanced Plus
Individual	\$19.90	\$26.10	\$33.40
Individual & Spouse	\$28.30	\$34.90	\$41.90
Individual & Child(ren)	\$31.50	\$41.00	\$51.30
Family	\$39.90	\$49.80	\$59.90

**The premium and amount of benefits provided vary based upon the plan selected.*

Guaranteed Renewable

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. Rates can be changed only if rates for all policies in this class change.

This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy. This coverage does NOT replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** Availability of riders may vary by state and employer.



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Policy Form Series AO-03 with AMDI-258 Rider
013-383, 013-384, 013-385