



Accident Only Insurance

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Limited Benefit Accident Only Insurance

Accident Only Insurance

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

EMERGENCY ACCIDENT

- Hypothetical Example²

Twisted knee in the parking lot resulting in a torn meniscus and treatment is received within 72 hours.

Enhanced Plan Benefits

Accident Emergency Treatment	\$200
Accident Follow-Up Treatment (4 visits)	\$200
Physical Therapy (8 treatments)	\$200
Medical Imaging	\$200
X-Ray	\$100
Appliances	\$100
Surgical Facility	\$250
Torn Knee Cartilage Repair	\$500
Anesthesia	\$200

TOTAL	\$1,950
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Paid directly to you!

¹National Safety Council, Injury Facts, 2015 Edition, p. 2-6. ²Hypothetical example of a covered accident based on policy AO-03 and rider AMDI-258. *Policyholders please refer to your certificate for your state's specific policy definition.

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

WELLNESS BENEFIT	Basic	Enhanced	Enhanced Plus
WELLNESS			
Annual Routine Physical Exam <i>Requires a 12-month waiting period before use and one exam per policy per calendar year</i>	\$50	\$75	\$75
ACCIDENT BENEFIT			
EMERGENCY ACCIDENT TREATMENT			
Emergency Accident Treatment	\$150	\$200	\$250
Emergency Accident Follow-up Treatment <i>(up to four treatments)</i>	\$50	\$50	\$50
NON-EMERGENCY ACCIDENT TREATMENT			
Non-Emergency Accident Initial Treatment	\$75	\$100	\$125
Non-Emergency Follow-up Treatment <i>(up to two treatments)</i>	\$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 <i>(up to 15 days)</i>	\$300	\$600	\$900
Hospital Confinement <i>(up to 365 days)</i>	\$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 <i>Patient only, per round trip for up to 3 round trips per calendar year</i>	\$300	\$300	\$300
Family Member Lodging and Meals <i>Per day per accident; up to 30 days per confinement</i>	\$100	\$100	\$100
ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT			
ACCIDENTAL DEATH & DISMEMBERMENT			
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

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

Accident Injury Benefits

Benefit amounts for the following benefits are the same for Basic, Enhanced, and Enhanced Plus Plans for all Persons: Primary, Spouse, and Child(ren).

Basic / Enhanced / Enhanced Plus	
INJURY TREATMENT	
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>	\$25
<i>Sutured lacerations up to two inches</i>	\$100
<i>Sutured lacerations totaling two to six inches</i>	\$200
<i>Sutured lacerations totaling over six inches</i>	\$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>	\$250
<i>Removal of foreign body by a physician, for one or both eyes</i>	\$50
Dislocations Benefit <i>Depending on open or closed reduction, with or without anesthesia and joint involved.</i> <i>No other amount will be paid under this benefit.</i>	\$25 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>	\$500
<i>More than one tendon, ligament, or rotator cuff</i>	\$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>	\$150
<i>Extraction of broken teeth (regardless of number)</i>	\$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

A Covered Person (hereafter referred to as "Person") under American Fidelity's Limited Benefit Accident Only Policy can expect the following benefits when a Covered Accident (hereafter referred to as "Accident") happens. All benefits are paid once per Person per Accident unless otherwise specified. 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. These references are not intended to change or modify any definitions in the AO-03 policy series.

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.

Accidental Death and Dismemberment Benefit

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

Ambulance Benefit

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

Anesthesia Benefit

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

Appliances Benefit

Payable for one of the following: crutches, leg braces, back braces, walkers, or wheel chairs. Not payable for Prosthetic Devices.

Blood, Plasma and Platelets Benefit

Payable for blood, plasma and platelets. This benefit does not provide benefits for immunoglobulins.

Burns Benefit

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

Concussion Benefit

Payable for a Person who sustains a concussion and is diagnosed by a Physician within 72 hours using any type of medical imaging.

Dislocations Benefit

Amount payable varies by the joint involved, type of treatment, and type of anesthesia. If a Person receives more than one Dislocation in an 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.

Emergency Dental Work Benefit

Payable for repair to natural teeth when treated by a Physician or dentist. Initial dental treatment must be received within 72 hours.

Exploratory Surgery Benefit

Payable when an exploratory surgical operation without surgical repair is performed.

Eye Injury Benefit

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

Family Member Lodging and Meals Benefit

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

Fractures Benefit

Varies based on the bone involved, type of fracture and type of treatment. If the Person fractures more than one bone, payment is made for all fractures up to two times the amount for the bone involved that has the highest benefit amount.

Plan Benefit Highlights for Policy and Benefit Enhancement Rider cont'd

Hospital Admission Benefit

Pays per admission for confinement to a Hospital. This benefit does not pay for outpatient treatment, emergency room treatment, or a stay of less than 18 hours in an observation unit.

Hospital Confinement Benefit

Payable for a one-time Hospital Admission Benefit 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.

Intensive Care Unit Benefit

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

Internal Injuries Benefit

Payable for an open abdominal or thoracic surgery performed within 72 hours.

Lacerations Benefit

This benefit varies based on the severity of the laceration due to a Covered Accident.

Medical Imaging Benefit

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

Non-Emergency Accident Initial Treatment Benefit

Payable for initial medical treatment when treatment is received more than 72 hours after the Accident. Initial medical treatment must: (1) be received in a Physician's office or emergency room; and (2) be the first treatment; and (3) occur within 30 days.

Non-Emergency Accident Follow-up Treatment Benefit

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

Outpatient Hospital or Ambulatory Surgical Center Benefit

When a surgical procedure is performed on an outpatient basis in a Hospital or at an Ambulatory Surgical Center, 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 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.

Paralysis Benefit

The duration of the Paralysis must be a minimum of 3 consecutive months. Paid once per lifetime per Person.

Physical Therapy Benefit

Payable for one treatment per day for up to eight treatments by a caregiver licensed in physical therapy. This benefit is not payable for the same visit that the Accident Follow-up Treatment Benefit or Non-Emergency Follow-Up Benefit is paid.

Prosthesis Benefit

Payable for the use of a Prosthesis. This benefit is not payable for hearing aids; dental aids; eyeglasses; false teeth; or for cosmetic aids such as wigs.

Tendons, Ligaments and Rotator Cuff Benefit

Payable for the repair of one or more tendons, ligaments, or rotator cuffs. The tendons, ligaments, or rotator cuff must be repaired through surgery performed by a Physician, as a result of a Covered Accident.

Plan Benefit Highlights for Policy and Benefit Enhancement Rider cont'd

Torn Knee Cartilage or Ruptured Disc Benefit

Payable for surgical repair as a result of a Covered Accident.

Transportation Benefit

Payable for the transportation when specialized treatment and Hospital Confinement in a non-local Hospital is required. A non-local Hospital must be at least 50 miles away, one way, using the most direct route, from the closer of the Person's residence or site of the 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.

Wellness Benefit

After coverage is in force for the waiting period shown, you 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.

Limitations and Exclusions For Policy and Benefit Enhancement Rider

No benefits will be provided for an Accident that is caused by or occurs as a result of:

- (1) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
- (2) participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft;
- (3) any act that was caused by war, declared or undeclared, or service in any of the armed forces;
- (4) 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;
- (5) 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.)
- (6) participation in any sport for pay or profit;
- (7) participation in any contest of speed in a power driven vehicle for pay or profit;
- (8) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

Benefits will not be provided 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 Person.

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.

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.

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 complete benefits and other provisions, please refer to the policy, AO-03, and 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.** Availability of riders may vary by state and employer.

Refer to Plan Benefit Highlights section for more Benefit Descriptions on the Accident Only Insurance Policy and Benefit Enhancement Rider.

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.

Plan Options

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



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