



AMERICAN FIDELITY ASSURANCE COMPANY'S

# ACCIDENT Only Insurance Plan

*Basic and Enhanced Plans*

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

## Help When You Need It...

A Covered Person under American Fidelity Assurance Company's Accident Only Policy can expect the following benefits when a covered accident happens: (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.)

### ACCIDENT EMERGENCY TREATMENT BENEFIT

#### *Hospital Emergency Room*

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

#### *Doctor's Office*

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

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.

### ACCIDENT FOLLOW-UP TREATMENT BENEFIT

- Basic and Enhanced Plans - \$50

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 a visit in which a Physical Therapy Benefit is paid.

### MEDICAL IMAGING BENEFIT

- Basic and Enhanced Plans - \$150

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.

### HOSPITAL CONFINEMENT BENEFITS

#### *Hospital Admission*

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

#### *Intensive Care Confinement*

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

#### *Hospital Confinement*

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

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.



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.

### WELLNESS BENEFIT

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

After coverage is in force 12 months, you can receive a benefit for one Covered Person's 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

#### *Ground ambulance transport*

- Basic and Enhanced Plans - \$150

#### *Air ambulance transport*

- Basic and Enhanced Plans - \$500

This benefit is provided when accidental injuries require 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

- Basic and Enhanced Plans - \$300

You will receive this benefit for transportation of a Covered Person requiring specialized treatment and Confinement in a non-local Hospital. The Hospital must be at least 100 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 car and excludes Ambulance service. The treatment must not be available locally. Benefits are provided for up to three round trips per Calendar Year per Covered Person.

## ACCIDENTAL DEATH OR DISMEMBERMENT BENEFIT

Accidental Death Basic Plan:		Accidental Death Enhanced Plan:				
Common Carrier	Other Accident	Common Carrier	Other Accident			
\$50,000 for Primary Insured \$25,000 for a Spouse \$10,000 for a Child	\$15,000 for Primary Insured \$7,500 for a Spouse \$5,000 for a Child	\$100,000 for Primary Insured \$50,000 for a Spouse \$20,000 for a Child	\$30,000 for Primary Insured \$15,000 for a Spouse \$10,000 for a Child			
Accidental Dismemberment						
	Primary Insured		Spouse		Child	
	Basic Plan	Enhanced Plan	Basic Plan	Enhanced Plan	Basic Plan	Enhanced Plan
Both arms and both legs	\$15,000	\$30,000	\$7,500	\$15,000	\$5,000	\$10,000
Both; eyes, hands, feet, legs or arms	7,500	15,000	3,750	7,500	2,500	5,000
One; arm, leg, eye, hand or foot	3,000	6,000	1,500	3,000	1,000	2,000
One or more fingers or toes	300	600	150	300	100	200

The applicable benefits above 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.

## FAMILY MEMBER LODGING AND MEALS BENEFIT

- Basic and Enhanced Plans - \$100 per day of Confinement

You will receive this benefit for lodging and meals for a family member to be near a Covered Person who is Confined in a non-local Hospital. The Hospital must be at least 100 miles one way from the Covered Person's residence. This benefit is paid for up to 30 days of Confinement per Covered Accident.

## ADDITIONAL MEDICAL EXPENSE BENEFITS Basic and Enhanced Plans

### APPLIANCES

- Basic and Enhanced - \$100

This benefit provides for one of the following: crutches, leg braces, back braces, walkers, or wheel chairs.

### BLOOD, PLASMA AND PLATELETS

- Basic and Enhanced-\$250

This benefit does not include payment for immunoglobulins.

### BURNS

- Basic and Enhanced - \$100-\$10,000

### SKIN GRAFT

- Basic and Enhanced - 25% of the covered Burn Benefit

This benefit is based on burn severity and treatment that must be provided by a Physician beginning within 72 hours of the Covered Accident.

### DISLOCATIONS

- Basic and Enhanced - \$100 - \$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.

### EXPLORATORY SURGERY WITHOUT SURGICAL REPAIR

- Basic and Enhanced - \$250

### EYE INJURY

- Basic and Enhanced - \$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.

## FRACTURES

- Basic and Enhanced - \$100 - \$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.

## INTERNAL INJURIES

- Basic and Enhanced - \$1,000

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

## LACERATIONS

- Basic and Enhanced - \$25 - \$400

This benefit varies based on the severity of the laceration.

## PHYSICAL THERAPY

- Basic and Enhanced - \$25 per treatment

This benefit is provided for one treatment per day for up to eight treatments. The benefit is not payable for the same visit that the Accident Follow-up Treatment Benefit is paid.

## PROSTHESIS

- Basic and Enhanced - \$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

- Basic and Enhanced - \$500

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

## TENDONS, LIGAMENTS AND ROTATOR CUFF

- Basic and Enhanced - \$500 for single surgical repair;  
\$750 for multiple surgical repair

## EMERGENCY DENTAL WORK

- Basic and Enhanced - \$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.

## PARALYSIS

- Basic and Enhanced - 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.

## CONCUSSION BENEFIT

- **Basic and Enhanced - \$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 medical imaging.

## LIMITATIONS AND EXCLUSIONS

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.

No benefits will be provided for an Accident or Total Disability 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;
- participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

Benefits will not be paid for services rendered or Total Disability verified by a member of the immediate family of a Covered Person.

Benefits will not be provided for medical treatment or Total Disability for an Accident received outside the United States or its territories.

Benefits provided by the Accident Disability Income Riders will only be paid for one disability at a time, even if the Covered Person becomes Totally Disabled due to more than one injury or more than one Covered Accident. Benefits are not payable due to an Accident occurring during a period of time the Covered Person is incarcerated in any type of penal institution.

## FAMILY COVERAGE

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

- **Family Plan** – Covers you, your Spouse and each Eligible Child.
- **Single Parent Family Plan** – Covers you and each Eligible Child.
- **Individual and Spouse Plan** – Covers you and your Spouse.

## 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. Accident Disability Income Riders are Guaranteed Renewable until Primary Insured reaches age 70. 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.

## OPTIONAL ACCIDENT DISABILITY INCOME RIDERS

*If you or your spouse were unable to work due to a disabling accident, how would you pay your bills?*

This rider pays a Monthly Benefit Amount when the Covered Person becomes Totally Disabled due to injuries received in a Covered Accident after the Elimination Period is satisfied. This monthly benefit will be paid regardless of any other disability income coverage.

### YOUR CHOICES:

#### **Off-the-Job Coverage**

Pays a monthly benefit for Total Disability due to a Covered Accident that occurs when the Covered Person is not working for wages or benefits; **OR**

#### **24-Hour Coverage**

Pays a monthly benefit for Total Disability due to a Covered Accident that occurs any time, day or night.

#### **Monthly Benefit Amounts**

\$500, \$1,000, or \$1,500

(The Monthly Benefit Amount cannot exceed 60% of the Primary Insured's monthly salary.)

#### **Elimination Periods**

0, 7 or 14 days

Satisfaction of the Elimination Period must begin within 90 days of the Covered Accident.

#### **Benefit Periods**

6, 12 or 24 months

This is the maximum period of time that benefits will be paid for one period of Total Disability.

#### **Covered Persons**

Primary Insured; or Primary Insured and Spouse

(The Spouse's Monthly Benefit Amount will always be 50% of the Primary Insured.)

## ACCIDENT DISABILITY INCOME RIDER DEFINITIONS AND IMPORTANT PROVISIONS

The Covered Person must be age 69 or under and Total Disability must begin within 90 days of the Covered Accident.

For Covered Persons with full-time employment, Totally Disabled (Total Disability) means the Covered Person is unable to perform the material and substantial duties of his or her occupation due to injuries received in a Covered Accident. Full-time employment means the Covered Person works at a job an average of 15 or more hours per week for wages or benefits.

For Covered Persons without full-time employment, Totally Disabled (Total Disability) means that, due to injuries received in a Covered Accident, the Covered Person is unable to safely perform two or more Activities of Daily Living without another person's stand-by assistance or verbal cueing. The inability to perform a task must be generally recognized by the medical profession as a consequence of the disabling Accident. Activities of Daily Living are: Continence; Transferring; Dressing; Toileting; and Eating.

The Covered Person must be under the Regular Care and Attendance of a Physician for the condition.

If a break in Total Disability occurs during the Elimination Period without the Elimination Period being satisfied, no benefits will be considered for losses that begin after the first 90 days following the Covered Accident.

## ACCIDENT ONLY MONTHLY PREMIUMS - EDUCATION RATES

	Individual (I)	Individual & Spouse (I&S)	Individual & Children	Family
<i>Basic Plan</i>	14.60	21.60	24.80	31.80
<i>Enhanced Plan</i>	20.40	27.50	32.80	39.90

## ACCIDENT DISABILITY RIDER MONTHLY PREMIUMS

\$500 Monthly Benefit (Spouse \$250)

	Off-the-Job Coverage						24-Hour Coverage					
	0-Day		7-Day		14-Day		0-Day		7-Day		14-Day	
	I	I&S	I	I&S	I	I&S	I	I&S	I	I&S	I	I&S
<i>6-Month Benefit Period</i>	4.70	7.66	3.80	6.20	2.96	4.80	7.90	12.86	6.36	10.36	4.96	8.06
<i>12-Month Benefit Period</i>	5.66	9.16	4.66	7.56	3.70	6.10	9.46	15.30	7.76	12.60	6.20	10.16
<i>24-Month Benefit Period</i>	6.70	10.96	5.66	9.16	4.60	7.50	11.26	18.30	9.46	15.30	7.70	12.50

\$1,000 Monthly Benefit (Spouse \$500)

	Off-the-Job Coverage						24-Hour Coverage					
	0-Day		7-Day		14-Day		0-Day		7-Day		14-Day	
	I	I&S	I	I&S	I	I&S	I	I&S	I	I&S	I	I&S
<i>6-Month Benefit Period</i>	9.40	15.30	7.60	12.40	5.90	9.60	15.80	25.70	12.70	20.70	9.90	16.10
<i>12-Month Benefit Period</i>	11.30	18.30	9.30	15.10	7.40	12.20	18.90	30.60	15.50	25.20	12.40	20.30
<i>24-Month Benefit Period</i>	13.40	21.90	11.30	18.30	9.20	15.00	22.50	36.60	18.90	30.60	15.40	25.00

\$1,500 Monthly Benefit (Spouse \$750)

	Off-the-Job Coverage						24-Hour Coverage					
	0-Day		7-Day		14-Day		0-Day		7-Day		14-Day	
	I	I&S	I	I&S	I	I&S	I	I&S	I	I&S	I	I&S
<i>6-Month Benefit Period</i>	14.10	22.96	11.40	18.60	8.86	14.40	23.70	38.56	19.06	31.06	14.86	24.16
<i>12-Month Benefit Period</i>	16.96	27.46	13.96	22.66	11.10	18.30	28.36	45.90	23.26	37.80	18.60	30.46
<i>24-Month Benefit Period</i>	20.10	32.86	16.96	27.46	13.80	22.50	33.76	54.90	28.36	45.90	23.10	37.50

*This is a brief description of the coverage. For actual benefits, limitations, exclusions 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.*



1-800-654-8489 • 2000 North Classen Blvd • Oklahoma City, Oklahoma 73106 • www.afadvantage.com