



**Group  
Accident  
Insurance**  
**24-Hour Coverage**

# Are you financially prepared for an accident?

Accidents happen all the time and are always unexpected. Even though you can't plan for an accident, you can help prepare for unexpected medical expenses. **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident costs.

## ACCIDENTAL INJURY\*

### Hypothetical Example

A bad fall off a bicycle leads to a broken arm and head injury, resulting in a fractured radius and concussion. Treatment is received within three days.

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
Initial Treatment	\$100	\$150	\$200	\$250
X-Rays (two different days)	\$100	\$200	\$300	\$400
Anesthesia	\$100	\$200	\$300	\$400
Hospital Admission (day one)	\$500	\$1,000	\$1,500	\$2,000
Hospital Confinement (days two through four)	\$300	\$600	\$900	\$1,200
Concussion	\$250	\$300	\$350	\$400
Open Reduction Radius Fracture Repair	\$600	\$800	\$1,000	\$1,200
Appliance – Arm Brace	\$100	\$150	\$200	\$250
Follow-Up Treatment (three visits)	\$150	\$150	\$150	\$150
<b>TOTAL</b>	<b>\$2,200</b>	<b>\$3,550</b>	<b>\$4,900</b>	<b>\$6,250</b>

## ACCIDENT SCREENING BENEFIT\*

This benefit is paid directly to you once per policy per calendar year and covers several tests, including, but not limited to:

- Routine Physical Exam
- Bone Density Screening
- Sports Physical Exam
- Stress Test

LEVEL 1

\$50

LEVEL 2

\$50

LEVEL 3

\$50

LEVEL 4

\$50

## Plan Benefit Highlights\*

### ACCIDENTAL DEATH & DISMEMBERMENT

LEVEL 1	For Employee / Spouse	For Child
Common Carrier	\$50,000	\$25,000
Other Accident	\$20,000	\$10,000
Dismemberment	\$1,750 to \$25,000	\$875 to \$12,500
LEVEL 2	For Employee / Spouse	For Child
Common Carrier	\$100,000	\$50,000
Other Accident	\$40,000	\$20,000
Dismemberment	\$3,500 to \$50,000	\$1,750 to \$25,000
LEVEL 3	For Employee / Spouse	For Child
Common Carrier	\$150,000	\$75,000
Other Accident	\$60,000	\$30,000
Dismemberment	\$5,250 to \$75,000	\$2,625 to \$37,500
LEVEL 4	For Employee / Spouse	For Child
Common Carrier	\$200,000	\$100,000
Other Accident	\$80,000	\$40,000
Dismemberment	\$7,000 to \$100,000	\$3,500 to \$50,000

\*The benefit amounts vary depending on the plan level selected at the time of application.



# Plan Benefit Highlights

The benefit amounts vary depending on the plan level selected at the time of application.

BENEFITS	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
----------	---------	---------	---------	---------

## TREATMENTS

Initial Treatment	\$100	\$150	\$200	\$250
Follow-Up Treatment Up to six treatments	\$50	\$50	\$50	\$50

## MEDICAL IMAGING

CT, CAT, MRI, PET, US, SPECT	\$100	\$150	\$200	\$250
X-Rays Up to two days	\$50	\$100	\$150	\$200

## HOSPITAL

ICU Admission	\$1,000	\$1,500	\$2,000	\$2,500
Hospital Admission	\$500	\$1,000	\$1,500	\$2,000
ICU Confinement Up to 30 days	\$200	\$400	\$600	\$800
Hospital Confinement Up to 365 days	\$100	\$200	\$300	\$400
Rehabilitation Up to 30 days	\$50	\$100	\$150	\$200

## SURGICAL

Internal Injuries Surgery Open abdominal/ thoracic surgery	\$1,000	\$1,500	\$2,000	\$2,500
Exploratory Surgery	\$250	\$300	\$350	\$400
Tendons, Ligaments, and Rotator Cuff Surgery	\$500	\$500	\$500	\$500
One tendon, ligament, or rotator cuff	\$750	\$750	\$750	\$750
More than one tendon, ligament, or rotator cuff	\$750	\$750	\$750	\$750
Ruptured Disc or Torn Knee Cartilage Surgery	\$500	\$500	\$500	\$500
Miscellaneous Surgery	\$200	\$200	\$200	\$200
Outpatient Hospital or Ambulatory Surgical Center	\$100	\$200	\$300	\$400
Anesthesia	\$100	\$200	\$300	\$400

## AMBULANCE

Ground/Water	\$500	\$500	\$500	\$500
Air	\$1,500	\$1,500	\$1,500	\$1,500

## TRANSPORTATION, LODGING, AND MEALS

Transportation Up to three round trips per Covered Person per Covered Accident	\$300	\$300	\$300	\$300
Family Member Lodging and Meals Per day of Covered Accident, up to 30 days combined	\$200	\$200	\$200	\$200

BENEFITS	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
----------	---------	---------	---------	---------

## INJURY TREATMENTS

<b>Fractures</b> Depending on open or closed reduction and bone involved <i>Chip fracture</i> (25% of closed reduction amount)	\$112.50 to \$3,000	\$150 to \$4,000	\$187.50 to \$5,000	\$225 to \$6,000
<b>Dislocations</b> Depending on open or closed reduction and joint involved <i>With local or no anesthesia</i> (25% of closed reduction amount)	\$112.50 to \$3,000	\$150 to \$4,000	\$187.50 to \$5,000	\$225 to \$6,000
<b>Lacerations</b> (Depending on severity and length of laceration)	\$25-\$400	\$50-\$500	\$75-\$600	\$100-\$700
<b>2nd &amp; 3rd Degree Burns</b> Skin grafts are 50% of benefit	\$100 to \$10,000	\$100 to \$10,000	\$100 to \$10,000	\$100 to \$10,000

## ADDITIONAL BENEFITS

<b>Appliances</b> Crutches, leg braces, etc.	\$100	\$150	\$200	\$250
<b>Blood, Plasma, and Platelets</b>	\$200	\$200	\$200	\$200
<b>Concussion</b>	\$250	\$300	\$350	\$400
<b>Traumatic Brain Injury</b>	\$1,000	\$1,500	\$2,000	\$2,500
<b>Coma</b>	\$5,000	\$10,000	\$15,000	\$20,000
<b>Emergency Dental Work</b> Broken teeth repaired with crown or extraction of a broken natural tooth	\$100	\$200	\$300	\$400
<b>Epidural Pain Management</b>	\$50	\$75	\$100	\$125
<b>Eye Injury</b> Injury with surgical repair or removal of foreign body by physician, for one or both eyes	\$200	\$250	\$300	\$350
<b>Gunshot Wound</b>	\$500	\$500	\$500	\$500
<b>Paralysis</b> Paraplegia/Uniplegia Quadriplegia	\$10,000 \$20,000	\$10,000 \$20,000	\$10,000 \$20,000	\$10,000 \$20,000
<b>Physical, Occupational, or Speech Therapy</b> Per day of treatment, up to eight days combined	\$25	\$25	\$25	\$25
<b>Prosthesis</b> Up to two devices	\$500	\$500	\$500	\$500
<b>Organized Sports Benefit</b>	Additional 25% of benefit payable	Additional 25% of benefit payable	Additional 25% of benefit payable	Additional 25% of benefit payable

MONTHLY PREMIUMS	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
------------------	---------	---------	---------	---------

Employee	\$9.02	\$12.48	\$15.92	\$19.36
Employee & Spouse	\$15.78	\$21.82	\$27.86	\$33.90
Employee & Child(ren)	\$18.04	\$24.94	\$31.84	\$38.74
Family	\$24.82	\$34.30	\$43.78	\$53.26

The premium and benefit amounts vary depending on the plan level selected at the time of application.

A Covered Person (hereafter referred to as "Person") under **Limited Benefit Accident Only Insurance** policy may be eligible for 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 active. All treatment, procedures, and medical equipment must be diagnosed, recommended, and treated by a physician.

**Initial Treatment Benefit** Payable for the first treatment received within 30 days of the Accident. The initial treatment must be administered by a physician or medical professional.

**Follow-Up Treatment Benefit** Payable for up to six follow-up treatments when initial medical treatment was received within 30 days of the Accident. Not payable for a visit in which a Physical, Occupational, or Speech Therapy benefit is paid.

**Accident Screening Benefit** Payable when a Person receives one of the following screenings rendered by a physician: bone density screening; Epworth Sleepiness Scale for the purpose of diagnosing a sleeping disorder; hemoglobin A1C; routine physical exam; sports physicals; or stress test. This benefit is payable once per policy per calendar year. This benefit doesn't cover dental or eye exams and is not payable for services performed as treatment for an injury. An Accident is not required for this benefit to be payable.

**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 results from the same Accident, only the Accidental Death Benefit will be payable.

**Ambulance Benefit** If air and ground/water ambulance transportation is required for the same Accident, only the highest benefit will be payable.

**Anesthesia Benefit** Payable for the services of an anesthesiologist for a surgery performed due to an Accident. Hospital confinement is not required to receive this benefit. Only one Anesthesia Benefit is payable 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 as prescribed by a physician: wheelchair, motorized scooter, walker, walking boot, brace, cane, crutches, or any other medical device used for mobility. 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 three days of the Accident.

**Coma Benefit** Must be diagnosed by a physician and continue for at least 14 days. Coma does not include medically induced coma or a coma that results directly from alcohol or drug use.

**Concussion Benefit** Payable when a concussion is sustained and diagnosed by a physician within seven days of the Accident. If both a Concussion and a Traumatic Brain Injury occur in the same Accident, only the highest benefit will be paid.

**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, the benefit for all dislocations will be payable up to two times the highest benefit amount shown in the certificate for the dislocation involved. No other amount will be payable under this benefit. Benefits are payable only for the first dislocation of a joint which occurs while this policy is active.

**Emergency Dental Work Benefit** Payable for repair to natural teeth, free of decay, when treated by a physician or dentist. Initial dental treatment must be received within three days of the Accident.

**Epidural Pain Management Benefit** Payable when an epidural injection into the epidural space is received for management of pain due to an injury due to an Accident. This benefit is not payable for an epidural administered before a surgical procedure.

**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 an Accident. If permanent loss of use of one or both eyes occurs, benefits will be paid under the Dismemberment Benefit.

**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, using the most direct route from the family member's residence.

**Fractures Benefit** Varies based on the bone involved, type of fracture, and type of treatment. If more than one bone is fractured, the benefit amount payable is up to two times the amount for the bone involved that has the highest benefit amount.

**Gunshot Wound Benefit** Payable if gunshot wound doesn't cause death and is caused by a shot from a conventional firearm; requires treatment by a physician within 24 hours of Accident; and requires hospital confinement. If dismemberment occurs, only the highest benefit will be payable. The dismemberment must occur within 90 days after the Accident.

**Hospital Admission Benefit** Payable for the first day a Person is confined to a Hospital.

**Hospital Confinement Benefit** A daily benefit is payable for a Hospital confinement up to 365 days. This benefit is not payable on the same day a Hospital Admission or ICU Admission benefit is payable.

**Intensive Care Unit (ICU) Admission Benefit** Payable for the first day of confinement to an ICU. If Hospital Admission and ICU Admission Benefits are payable for the same day, only the ICU Admission Benefit will be payable.

**Intensive Care Unit (ICU) Confinement Benefit** A daily benefit is payable for an ICU confinement up to 30 days. This benefit isn't payable on the same day a Hospital Admission or ICU Admission benefit is paid. This benefit is payable in addition to the Hospital Confinement Benefit.

**Internal Injuries Benefit** Payable for an open abdominal or thoracic surgery performed within three days of the Accident.

**Lacerations Benefit** This benefit varies based on the method of repair and total length of all lacerations due to an Accident.

**Medical Imaging Benefit** Payable for a Computerized Tomography (CT or CAT), Magnetic Resonance Imaging (MRI), Single-Photon Emission Computed Tomography (SPECT), Positron Emission Tomography (PET) or an ultrasound for diagnosing an injury due to an Accident.

**Miscellaneous Surgery Benefit** Payable when a Person receives a surgery requiring general anesthesia due to an Accident that is not payable under any other benefit. Epidural injections are not payable under this benefit.

**Organized Sports Benefit** Any benefit payable under the policy will be increased by the Organized Sports Benefit percentage if the Injury results from participation in an organized sport of amateur athletic supervised organized practices or competitions (i.e., no pay, profit, or sponsorship in a professional or semi-professional capacity).

**Outpatient Hospital or Ambulatory Surgical Center Benefit** Payable when a surgical procedure is performed on an outpatient basis in a Hospital or ambulatory surgical center. Only one Outpatient Hospital or Ambulatory Surgical Center Benefit is payable in a 24-hour period even if more than one surgical procedure is performed. This benefit will not be payable for surgery performed in an emergency room, urgent care facility, or in a physician's office.

## Plan Benefit Highlights (cont.)

**Paralysis Benefit** The duration of the paralysis must be a minimum of 90 consecutive days. If more than one type of paralysis occurs due to the same Accident, only the highest benefit will be paid. Payable once per lifetime per Person.

**Physical, Occupational, or Speech Therapy Benefit** Payable for one treatment per day for up to eight treatments by a licensed physical, occupational, or speech therapist for all therapies combined. If treatment in an emergency room, physician's office, or urgent care facility occurs in the same visit, only the highest applicable benefit is payable.

**Prosthesis Benefit** Payable for up to two devices. This benefit is not payable for hearing aids, dental aids, eyeglasses, false teeth, cosmetic aids such as wigs, or joint replacements such as artificial hips or knees.

**Rehabilitation Benefit** Payable for each day a Person is an inpatient in a rehabilitation unit. The treatment must begin immediately after the date of discharge from the Hospital. This benefit is payable for up to 30 days. This benefit is not payable for any day for which a Hospital Admission, Hospital Confinement, ICU Admission, ICU Confinement, or Physical, Occupational, and Speech Therapy Benefit is payable (if such benefits are applicable).

**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 an Accident.

**Torn Knee Cartilage or Ruptured Disc Benefit** Payable for surgical repair as a result of an Accident.

**Transportation Benefit** Payable for the Person's 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 Person's home. Travel must be by scheduled bus, plane, train, or car. Ambulance service does not qualify for this benefit. The treatment must be prescribed by a physician and not be available locally. This benefit is payable up to three round trips per Person per Accident. This benefit is not payable on any day that an Ambulance Benefit is payable.

**Traumatic Brain Injury (TBI) Benefit** Payable for a Person who is confined for at least 48 hours as the result of a TBI. Diagnosis by a physician and confinement must occur within three days of the Accident. If both a TBI and concussion occur in the same Accident, only the highest benefit will be paid.

**X-Ray Benefit** Payable once per day up to two days for an x-ray performed due to Injuries sustained in an Accident. The x-ray must be done at the request of a physician. This benefit does not cover any tests payable under the Medical Imaging Benefit or any other screening or medical imaging tests.

## Limitations and Exclusions

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) war or act of war declared or undeclared while serving in the military or an auxiliary unit thereto;

- (4) participation in any activity or event while under the influence of any narcotic, drug, or controlled substance unless administered by a physician or taken according to the physician's instructions;
- (5) voluntary ingestion, injection, inhalation or absorption of any narcotic, drug, controlled substance, poison, gas, fume, narcotic, drug or controlled substance as defined in the Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a physician and used as directed;
- (6) 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.);
- (7) participation in any sport for pay or profit or sponsorship, in a professional or semi-professional capacity;
- (8) treatment received outside the United States and its territories, Canada, or Mexico;
- (9) participation in any contest of speed in a power driven vehicle for pay or profit;
- (10) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

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

A Covered Accident is defined as an Injury caused by an Accident, for which benefits are provided, which is independent of any disease, illness, or bodily infirmity or any other cause and that takes place while the Person is covered under the policy.

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.

**Eligibility** Includes you, your lawful spouse and each natural child, adopted child or stepchild who is under 26 years of age.

**Continuation of Coverage** Your coverage may be continued for up to one year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid, and you remain eligible for the coverage under the policy.

**Portability** Upon becoming no longer eligible for coverage, you will have 30 days to request continuation of coverage. Providing you pay premiums when due, you may continue your coverage provided under the policy upon leaving employment until: the date the policy is terminated or the date you fail to pay the required premium, whichever date is earlier. You must have been continuously covered for 12 consecutive months prior to the date your coverage under the policy ends.

**Termination of Coverage** Your coverage will end when you no longer qualify as an insured, premiums are not paid, you retire, you are not on active employment, or your employment terminates. Your dependent's coverage will end if your coverage ends, premiums are not paid, they no longer meet the definition of a dependent, or the policy is modified to exclude dependents. Your coverage can be terminated or premiums may be increased on any premium due date with 31 days' advance written notice to the policyholder.

*Underwritten by American Fidelity Assurance Company. This is a brief description of the coverage. This product contains limitations and exclusions. For complete benefits and other provisions, please refer to your certificate. This coverage does NOT replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.***



American Fidelity Assurance Company  
americanfidelity.com

## **Help Us Help the Environment**

**Electronic delivery of policy documents can offer you access to the most up-to-date documents keeping them safe so that you can have access to them at any time.**

**If you would like to receive and manage your American Fidelity Assurance Company Policy Documents online electronically, please read the Consent to Electronic Delivery of Policy Documents and place your initials in the space provided below.**

### **Consent to Electronic Delivery of Policy Documents**

I hereby request and agree to Electronic Delivery of Policy Documents ("Consent"), if available, by American Fidelity Assurance Company (AFA).

#### **Policy Documents**

I understand that: (1) Policy Documents will be hosted on a secure Web site; (2) I will receive an e-mail from AFA to the e-mail address that I have designated below containing instructions and AFA's web address; (3) Electronic Delivery is in lieu of regular U.S. Mail delivery; (4) Electronic Delivery is sufficient to meet all requirements under the Policy; (5) paper copies of any and all electronically delivered Policy Documents are available to me upon my request; and (6) if I have executed more than one Consent, only my last election will be in effect.

#### **Systems Requirements**

I understand that in order to receive Policy Documents electronically, I must use a valid e-mail address, an Internet connection, and a computer that meets the following minimum requirements: Internet Explorer 6.0 or later and Adobe® Reader® 8.0 or newer, available free on [www.afadvantage.com](http://www.afadvantage.com) or [www.adobe.com](http://www.adobe.com).

#### **Revocation of Consent**

I understand that either party may revoke this Consent unilaterally at any time with ten (10) days prior notice to the other party. The Certificateholder/Policy Owner may revoke by calling, toll-free: 1-800-654-8489; or by writing to: American Fidelity Assurance Company, 9000 Cameron Parkway, Oklahoma City, Oklahoma 73114-3701. Upon revocation of this Consent, AFA will communicate all future Policy Documents via regular U.S. Mail to the last known designated address of the Certificateholder/Policy Owner.

#### **Transmittal of Policy Documents**

I understand that I am responsible at all times, as the Certificateholder/Policy Owner, to notify AFA in writing of any and all changes associated with the transmittal of Policy Documents. That I, as the Certificateholder/Policy Owner, agree that I will hold AFA harmless with respect to any and all delivery errors caused by my failure to provide current and valid information for the receipt of Policy Documents.

By initialing in the box below, I  **agree**  **do not agree** to the Electronic Delivery of my Policy Documents.

--	--

INITIAL ABOVE

DATE

Name and designated electronic transmittal e-mail address of the Certificateholder/Policy Owner:

--	--

PRINTED NAME

E-MAIL ADDRESS