



# AF™ Limited Benefit Accident Only Insurance

## Prepare for the unexpected.

Accidents\* can happen to anyone. And even though you can't plan for an accident, you can help prepare for unexpected medical costs. AF™ **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident expenses.

### EMERGENCY ACCIDENT

#### Hypothetical Example <sup>1</sup>

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

	ENHANCED	ENHANCED PLUS
Accident Emergency Treatment	\$200	\$250
Accident Follow-up Treatment (4 visits)	\$200	\$200
Physical Therapy (8 treatments)	\$200	\$200
Medical Imaging	\$200	\$200
X-Ray	\$100	\$150
Appliances	\$100	\$100
Surgical Facility	\$250	\$350
Torn Knee Cartilage Repair	\$500	\$500
Anesthesia	\$200	\$250
<b>TOTAL</b>	<b>\$1,950</b>	<b>\$2,200</b>

Annual Wellness Benefit

ENHANCED

**\$75**

ENHANCED PLUS

**\$75**

**Paid directly to you!**

## Benefits for Policy and Enhancement Rider

### ACCIDENTAL DEATH & DISMEMBERMENT <sup>1</sup> 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

<sup>1</sup>Hypothetical example of a covered accident based on policy AO-03 and rider AMDI-258 Series.  
 \***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.

# Benefits

ACCIDENT BENEFITS	BASIC	ENHANCED	ENHANCED PLUS
<b>EMERGENCY ACCIDENT TREATMENT</b>			
Accident Emergency Treatment	\$150	\$200	\$250
Emergency Accident Follow-up Treatment (up to four treatments)	\$50	\$50	\$50
<b>NON-EMERGENCY ACCIDENT TREATMENT</b>			
Non-Emergency Accident Initial Treatment	\$75	\$100	\$125
Non-Emergency Accident Follow-up Treatment (up to two treatments)	\$50	\$50	\$50
<b>MEDICAL IMAGING</b>			
MRI, CT, CAT, PET, US	\$200	\$200	\$200
X-Rays	\$50	\$100	\$150
<b>HOSPITAL CONFINEMENT</b>			
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
<b>AMBULANCE</b>			
Ground	\$300	\$300	\$300
Air	\$1,500	\$1,500	\$1,500
<b>TREATMENT</b>			
Outpatient Hospital or Ambulatory Surgical Center	\$150	\$250	\$350
Anesthesia	\$150	\$200	\$250
<b>TRANSPORTATION BENEFITS</b>			
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
<b>MONTHLY PREMIUMS</b> For Policy And Benefit Enhancement Rider**			
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

ACCIDENT INJURY BENEFITS	ALL COVERAGE LEVELS
<b>INJURY TREATMENT</b>	
<b>Fractures Benefit</b> Depending on open or closed reduction, bone involved, or chip fracture	\$25 to \$3,000
<b>Dislocations Benefit</b> Depending on open or closed reduction, with or without anesthesia and joint involved	\$25 to \$3,000
<b>Internal Injuries Benefit</b> Resulting in open abdominal or thoracic surgery	\$1,000
<b>Tendons, Ligaments, and Rotator Cuff Benefit</b> One tendon, ligament, or rotator cuff More than one tendon, ligament, or rotator cuff	\$500 \$750
<b>2nd &amp; 3rd Degree Burns</b> Skin grafts are 25% of benefit	\$100 to \$10,000
<b>Torn Knee Cartilage or Ruptured Disc Benefit</b>	\$500
<b>Eye Injury Benefit</b> Injury with surgical repair, for one or both eyes Removal of foreign body by a physician, for one or both eyes	\$250 \$50
<b>Emergency Dental Work Benefit</b> Broken teeth repaired with crown Extraction of broken teeth (regardless of number)	\$150 \$50
<b>Concussion Benefit</b>	\$200
<b>Lacerations Benefit</b> Not requiring sutures Sutured lacerations up to two inches Sutured lacerations totaling two to six inches Sutured lacerations totaling over six inches	\$25 \$100 \$200 \$400
<b>Appliances Benefit</b> Crutches, leg braces, etc.	\$100
<b>Physical Therapy Benefit</b> Per treatment up to eight treatments	\$25
<b>Prosthesis Benefit</b>	\$500
<b>Blood, Plasma, and Platelets Benefit</b>	\$250
<b>Exploratory Surgery without Surgical Repair Benefit</b>	\$250
<b>Paralysis Benefit: Paraplegia / Quadriplegia</b>	\$5,000 / \$10,000

WELLNESS BENEFIT	BASIC	ENHANCED	ENHANCED PLUS
<b>WELLNESS</b>			
<b>Annual Routine Physical Exam</b> Requires a 12-month waiting period before use. One exam per policy per calendar year	\$50	\$75	\$75

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

A Covered Person (hereafter referred to as "Person") under AF™ **Limited Benefit Accident Only Insurance** 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. 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. If Accidental Death or Dismemberment occurs within one year from the date of the Accident and during a period of continuous total disability resulting from the Accident and commencing within 30 days of the date of the Accident, we will pay the amount shown in the schedule of benefits. The term "totally disabled" as used in this benefit means that Covered Person is: unable to work at any job for which you are qualified by education, training, or experience; and not working at any job for pay or benefits; and under the care of a Physician.

**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 without Surgical Repair 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.

**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.

**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** Pays a daily benefit for a Hospital Confinement that is longer than 18 hours for up to 365 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 an 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 an 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 follow-up treatment. We will pay for up to two follow-up 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.

## Plan Benefit Highlights (cont.)

**Prosthesis Benefit** Payable for the use of a Prosthesis. 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.

**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 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. This benefit is payable up to three round trips per Calendar Year.

**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.

**X-Ray Benefit** Payable when an x-ray is performed due to Injuries sustained in a Covered 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 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;

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

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 policy/certificate, AO-03, and Accident Only Benefit Enhancement Rider, AMDI-258 series. This coverage does NOT replace Workers' compensation Insurance. Availability of riders may vary by employer. **This product is inappropriate for people who are eligible for Medicaid coverage.**

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(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.)

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.

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

### Guaranteed Renewable

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.

### Termination Notice

Policy/rider(s) will terminate and coverage will end for all Covered Persons on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the Policy/Rider(s) Month in which we receive a written request from you to terminate this policy/rider(s); or the date of your death, if this is an Individual Plan. If the plan is other than Individual the remaining Covered Persons may have the right to continue or convert their coverage. Coverage for any Covered Person will terminate when they no longer meet the eligibility requirements.

Underwritten and administered by:



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