

# LIMITED BENEFIT ACCIDENT ONLY *Insurance Plan*

*Underwritten by American Fidelity Assurance Company*



**Wellness Benefit • Benefits Paid Directly to You • Excellent Customer Service • Learn More » »**



*Marketed by:*

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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.

# Accident Only Insurance

## Life Provides the Accidents, First Financial Offers a Solution!

Whether you're a weekend warrior with an active lifestyle or just a busy family, accidents can happen to you anytime, anywhere without warning. First Financial is pleased to offer American Fidelity Assurance Company's Limited Benefit Accident Only Insurance. Accident Only policy and rider Insurance can offer a solution to help you and your family prepare for those rising medical costs if you have to receive medical treatment for an Accidental injury.

*Think It Couldn't Happen to You? Consider this...*

### **Know The Facts:**

Total costs of accidental injuries averaged \$20,707 per injury in 2013.

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

**\$20,707**

## 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.*



### **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 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

**Paid Directly  
To You!**

**Total**

**\$1,950**

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

## Solutions For Life's Accidents...

The Accident Only Plan is the insurance policy that provides payments direct to you. It can help protect you and your family from some of the expenses brought about by injuries suffered in an Accident, regardless of any additional coverage you may have. It's guaranteed renewable for as long as you pay your premiums.

### Accident Only Insurance Features:

- » No medical questions.
- » Benefits paid directly to you, to be used however you see fit.
- » Benefits regardless of other coverage.
- » Coverage for you and each covered family member 24 hours a day, 7 days a week.
- » Available conveniently through your employer with payroll deduction.
- » Policy is guaranteed renewable at the option of the primary insured for life as long as premiums are paid as required. Any additional insureds must meet eligibility as outlined in the policy. The company has the right to change premium rates by class.



**Currently participating in, or possibly moving to a High Deductible Health Plan?** Enrollment in health savings accounts (HSA) linked to high-deductible health plans increased by more than 13 percent in 2015.<sup>2</sup>

### The Choice is Yours:

Be prepared with either of American Fidelity's two plan options (Basic and Enhanced) that provide the benefit amounts you require. Plus, American Fidelity supplies the coverage you need with four choices of coverage including individual, individual and spouse, individual and child(ren), and family.

## Ready To Learn More?

Contact your First Financial Account Representative for more details or to schedule a one-on-one appointment.



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<sup>2</sup>AHIP: 2015 Census of Health Savings Account - High Deductible Health Plans; November 2015

# Schedule of Benefits For Policy <sup>3</sup> and Benefit Enhancement Rider

## Emergency Accident Benefits

	Basic	Enhanced
<b>Emergency Accident Treatment</b>		
Emergency Accident Treatment	\$150	\$200
Emergency Accident Follow-up Treatment <i>(up to four visits)</i>	\$50	\$50

## Accident Injury Benefits

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

**Basic / Enhanced**

<b>Injury Treatment</b>	
Fractures Benefit <i>(Depending on open or closed reduction, bone involved, or chip fracture).</i>	\$25 to \$3,000
Lacerations Benefit	
Not requiring sutures	\$25
Sutured lacerations up to two inches	\$100
Sutured lacerations totaling two to six inches	\$200
Sutured lacerations totaling over six inches	\$400
Appliances Benefit <i>(crutches, leg braces, etc.)</i>	\$100
Torn Knee Cartilage or Ruptured Disc Benefit	\$500
Eye Injury Benefit	
Injury with surgical repair, for one or both eyes.	\$250
Removal of foreign body by a Physician, for one or both eyes.	\$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 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	
One Tendon, Ligament or Rotator Cuff	\$500
More than One Tendon, Ligament or Rotator Cuff	\$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	
Broken teeth repaired with crown	\$150
Extraction of broken teeth <i>(regardless of number)</i>	\$50

Refer to Plan Benefit Highlights for complete Benefit Descriptions and limits on the Accident Only Insurance Plan.

## A Highlight of Benefits Available Under The Plan

### Wellness Benefit

Basic

Enhanced

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

### 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

### Additional Accident Benefits For Policy/ Benefit Enhancement Rider

Basic

Enhanced

Non-Emergency Accident Treatment		
Non-Emergency Accident Treatment	\$75	\$100
Non-Emergency Follow-up Treatment <i>(up to two visits)</i>	\$50	\$50
Hospital Confinement		
Hospital Admission	\$500	\$1,000
Intensive Care Unit <i>(up to 15 days)</i>	\$300	\$600
Hospital Confinement <i>(up to 365 days)</i>	\$100	\$200
Medical Imaging		
MRI, CT, CAT, PET, US	\$200	\$200
X-Rays	\$50	\$100
Ambulance		
Ground	\$300	\$300
Air	\$1,500	\$1,500
Treatment		
Outpatient Hospital or Ambulatory Surgical Center	\$150	\$250
Anesthesia	\$150	\$200
Transportation Benefits		
Transportation (Patient Only) <i>(per round trip for up to three round trips per calendar year)</i>	\$300	\$300
Family Member Lodging and Meals <i>(per day per Accident; up to 30 days per confinement)</i>	\$100	\$100

# 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 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 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.

## **Family Member Lodging and Meals Benefit**

Payable for lodging and meals for a family member to be near a Person who is Confined in a non-local Hospital. The Hospital must be at least 50 miles one way from the 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**

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.

## **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.

### **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.

### **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.

### **Torn Knee Cartilage or Ruptured Disc Benefit**

Payable for surgical repair.

### **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**

### **Base 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.

**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 change premium rates by class at the time of renewal of the policy. 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-258TX.R613 Series, and AMDI388 Amendment Rider. This coverage does NOT replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.**

# Accident Only Insurance Premiums

## Monthly Premiums for Base Plan and Benefit Enhancement Rider

	Basic	Enhanced
Individual	\$19.90	\$26.10
Individual & Spouse	\$28.30	\$34.90
Individual & Child(ren)	\$31.50	\$41.00
Family	\$39.90	\$49.80

<sup>3</sup>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).

» **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.

Underwritten and administered by:



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