



**Group
Accident
Insurance**
24-Hour Coverage

Marketed by:



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

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:

<ul style="list-style-type: none"> • Routine Physical Exam • Bone Density Screening • Sports Physical Exam • Stress Test 	LEVEL 1	LEVEL 2	LEVEL 3
	\$50	\$50	\$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

*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
TREATMENTS			
Initial Treatment Up to four treatments per Calendar Year	\$100	\$150	\$200
Follow Up Treatment Up to six treatments per Covered Accident	\$50	\$50	\$50

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

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

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

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

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

BENEFITS	LEVEL 1	LEVEL 2	LEVEL 3
INJURY TREATMENTS			
Fractures Depending on open or closed reduction and bone involved <i>Chip fracture (25% of closed reduction amount)</i>	\$112.50 to \$3,000	\$150 to \$4,000	\$187.50 to \$5,000
Dislocations Depending on open or closed reduction and joint involved <i>With local or no anesthesia (25% of closed reduction amount)</i>	\$112.50 to \$3,000	\$150 to \$4,000	\$187.50 to \$5,000
Lacerations (Depending on severity and length of laceration)	\$25-\$400	\$50-\$500	\$75-\$600
Severe Burns, 2nd & 3rd Degree Skin grafts are 50% of benefit	\$100 to \$10,000	\$100 to \$10,000	\$100 to \$10,000

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

MONTHLY PREMIUMS	LEVEL 1	LEVEL 2	LEVEL 3
Employee	\$9.02	\$12.48	\$15.92
Employee & Spouse	\$15.78	\$21.82	\$27.86
Employee & Child(ren)	\$18.04	\$24.94	\$31.84
Family	\$24.82	\$34.30	\$43.78

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. Not payable for initial treatment received via telemedicine. This benefit is payable once per Person per Accident, up to four initial treatment(s) per Person per calendar year].

Follow-Up Treatment Benefit Payable for up to six follow-up treatments. Not payable for a visit in which a Physical, Occupational, or Speech Therapy benefit is paid. Not payable for follow-up treatment received via telemedicine. This benefit will only be payable if the Initial Treatment Benefit was paid for the Covered Accident.

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. Common Carrier means any type of licensed, motorized conveyance operated on a regular schedule for which a transportation charge is made (does not include courtesy transportation, taxis, privately-chartered vehicles, ridesharing programs, or conveyance owned by a Person or family member.)

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, leg brace, back brace, cane, or crutches. Not payable for prosthetic devices. Not payable for appliances prescribed by a physician via telemedicine.

Blood, Plasma, and Platelets Benefit Payable for blood, plasma, and platelets. This benefit does not provide benefits for immunoglobulins.

Severe Burns Benefit Payable for 2nd and 3rd degree burns when treated within three days of the Accident. Not payable for severe burns that are treated by a physician via telemedicine.

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 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.

Dislocation 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 by crown or extraction 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. 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 surgery or removal of foreign object by a physician. 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 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.

Fracture 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 within 24 hours of Accident and hospital confinement. If dismemberment occurs within 90 days of the Accident the highest benefit will be payable.

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 for the same day a Hospital Admission or ICU Admission Benefit is payable.

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

Intensive Care Unit (ICU) Confinement Benefit A daily benefit is payable for an ICU confinement up to 30 days. This benefit is not payable for the same day a Hospital Admission or ICU Admission Benefit is payable. 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. Not payable for lacerations that are treated by a physician via telemedicine.

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 Surgery Benefit Payable for the repair of one or more tendons, ligaments, or rotator cuffs.

Ruptured Disc or Torn Knee Cartilage Benefit Payable for surgical repair. Benefit is two times amount when both are repaired due to same 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. 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. 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 loss incurred due to 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) participation in any contest of speed in a power driven vehicle for pay or profit;
- (9) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

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, legally adopted child or stepchild who is under 26 years of age.

Continuation of Coverage Coverage for you and your covered dependents 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 (subject to the grace period provision), 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 (subject to the grace period provision), 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 (subject to the grace period provision), they no longer meet the definition of a dependent, or the policy is modified to exclude dependents. Your coverage can be terminated on any premium due date with 31 days' advance written notice to the policyholder. If premium rates are increased, we will provide a 60 day advance notice.

*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.***



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