

**AMERICAN FIDELITY ASSURANCE COMPANY'S**  
**ACCIDENT**  
*Only Insurance Plan*

**ENHANCED PLUS PLAN**

**Help When You  
Need It**

A Covered Person under American Fidelity Assurance Company's Limited Benefit 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*

- **Enhanced Plus Plan - \$200**

*Doctor's Office*

- **Enhanced Plus Plan - \$125**

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. Benefits for x-rays are not payable under this benefit if payable under the X-ray Benefit under the optional Benefit Enhancement Rider.

**ACCIDENT FOLLOW-UP TREATMENT BENEFIT**

- **Enhanced Plus Plan - \$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 the same visit in which a Physical Therapy Benefit is paid. This benefit is also not payable if the Non-Emergency Accident Follow-up benefit is paid under the optional Benefit Enhancement Rider.

**MEDICAL IMAGING BENEFIT**

- **Enhanced Plus Plan - \$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*

- **Enhanced Plus Plan - \$1,500**

*Intensive Care Confinement*

- **Enhanced Plus Plan - \$900**

*Hospital Confinement*

- **Enhanced Plus Plan - \$300**

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**

- **Enhanced Plus Plan - \$75**

After coverage is in force 12 months, you or any other Covered Person 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.

**AMBULANCE BENEFIT**

*Ground ambulance transport*

- **Enhanced Plus Plan - \$150**

*Air ambulance transport*

- **Enhanced Plus Plan - \$500**

This benefit is provided when accidental Injuries due to a Covered Accident requires 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**

- **Enhanced Plus Plan - \$300**

You will receive this benefit for transportation of a Covered Person requiring specialized treatment and Hospital Confinement in a non-local Hospital due to injuries sustained in a Covered Accident. The non-local Hospital must be at least 100 miles away, one way (50 miles if Benefit Enhancement Rider is elected), 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 be prescribed by a Physician and not be available locally. Benefits are provided for up to three round trips per Calendar Year per Covered Person. Transportation benefits will only be provided for the Injured Covered Person.

## ACCIDENTAL DEATH OR DISMEMBERMENT BENEFIT

Accidental Death			
	Primary Insured	Spouse	Child
	<i>Enhanced Plus Plan</i>	<i>Enhanced Plus Plan</i>	<i>Enhanced Plus Plan</i>
Common Carrier	\$200,000	\$100,000	\$40,000
Other Accident	\$60,000	\$30,000	\$20,000
Accidental Dismemberment			
	Primary Insured	Spouse	Child
	<i>Enhanced Plus Plan</i>	<i>Enhanced Plus Plan</i>	<i>Enhanced Plus Plan</i>
Both arms and both legs	\$60,000	\$30,000	\$20,000
Both: eyes, hands, feet, legs or arms	\$30,000	\$15,000	\$10,000
One: arm, leg, eye, hand or foot	\$12,000	\$6,000	\$4,000
One or more fingers or toes	\$1,200	\$600	\$400

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. Accidental Death or Dismemberment must be independent of any disease or bodily infirmity or any other cause. Only the highest single benefit will be paid. Loss of use does not constitute dismemberment except as stated for eye injuries in the policy.

### FAMILY MEMBER LODGING AND MEALS BENEFIT

- **Enhanced Plus Plan - \$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 Hospital Confined in a non-local Hospital. The non-local Hospital must be at least 100 miles away, one way (50 miles if Benefit Enhancement Rider is elected) using the most direct route, from the closer of the Covered Person's residence or site of the Covered Accident. This benefit is payable only during the period the Injured Covered Person is Hospital confined. This benefit is paid for up to 30 days of Hospital Confinement per Covered Accident.

### *Additional Medical Expense Benefits*

#### APPLIANCES

- **Enhanced Plus Plan - \$100**

This benefit provides for one of the following: crutches, leg braces, back braces, walkers, or wheel chairs. This benefit is not payable for Prosthetic Devices.

#### BLOOD, PLASMA AND PLATELETS

- **Enhanced Plus Plan - \$250**

This benefit does not include payment for immunoglobulins.

#### BURNS

- **Enhanced Plus Plan - \$100 - \$10,000**

This benefit is provided for burns received in a Covered Accident when treated by a Physician within 72 hours.

#### SKIN GRAFT

- **Enhanced Plus Plan - 25% of the covered Burn Benefit**

This benefit is paid when a Covered Person receives a skin graft for a burn which benefits were paid under the Burn Benefit.

#### DISLOCATIONS

- **Enhanced Plus Plan - \$25 - \$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. 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 and requires open or closed Reduction..

#### EXPLORATORY SURGERY WITHOUT SURGICAL REPAIR

- **Enhanced Plus Plan - \$250**

This benefit is payable for only one exploratory surgery without surgical repair per Covered Accident per Covered Person.

### EYE INJURY

- **Enhanced Plus Plan - \$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 due to a Covered Accident. If permanent loss of use of one or both eyes occurs, benefits will be paid under the Accidental Dismemberment Benefit.

### FRACTURES

- **Enhanced Plus Plan - \$25 - \$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. All fractures must be treated by a Physician.

### INTERNAL INJURIES

- **Enhanced Plus Plan - \$1,000**

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

### LACERATIONS

- **Enhanced Plus Plan - \$25 - \$400**

This benefit varies based on the severity of the laceration. The lacerations must be repaired or treated by a Physician.

### PHYSICAL THERAPY

- **Enhanced Plus Plan - \$25 per treatment**

This benefit is provided for up to one treatment per day for up to eight treatments per Covered Person per Covered Accident. The benefit is not payable for the same visit that the Accident Follow-up Treatment Benefit is paid. This benefit is also not payable if the Non-Emergency Accident Follow-up benefit is paid under the optional Benefit Enhancement Rider.

### PROSTHESIS

- **Enhanced Plus Plan - \$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

- **Enhanced Plus Plan - \$500**

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

### TENDONS, LIGAMENTS AND ROTATOR CUFF

- **Enhanced Plus Plan - \$500 for single surgical repair;  
\$750 for multiple surgical repair**

The tendons, ligaments or rotator cuff must be treated by a Physician and must be repaired through surgery.

## EMERGENCY DENTAL WORK

- **Enhanced Plus Plan - \$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. Benefits paid only once per Covered Person per Covered Accident.

## PARALYSIS

- **Enhanced Plus Plan - 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

- **Enhanced Plus Plan - \$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 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 by a member of the immediate family of a Covered Person.

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

## 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, as defined in the policy.
- **Single Parent Family Plan** – Covers you and each Eligible Child, as defined in the policy.
- **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. 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.

## Accident Benefit Enhancement Rider

### NON-EMERGENCY ACCIDENT INITIAL TREATMENT BENEFIT

- **Enhanced Plus Plan - \$125**

We will pay the amount shown in the Schedule of Benefits for a Covered Person who receives initial medical treatment for Injuries sustained in a Covered Accident when such treatment is received more than 72 hours after the Covered Accident. Initial medical treatment must: (1) be received in a Physician's office or emergency room for Injuries sustained in a Covered Accident; and (2) be the first treatment received by the Covered Person for such Injuries; and (3) occur within 30 days following the Covered Accident. This benefit is payable once per Covered Person per Covered Accident.

### NON-EMERGENCY ACCIDENT FOLLOW-UP TREATMENT BENEFIT

- **Enhanced Plus Plan - \$50**

This benefit provides for necessary follow-up treatment of injuries in addition to the initial medical treatment administered when such initial treatment was received more than 72 hours after a Covered Accident for up to two treatments per Covered Person per Covered Accident. Medical treatment must be provided by a Physician. This benefit is not payable for a visit in which a Physical Therapy Benefit or the Accident Follow-Up Treatment Benefit is paid.

### X-RAY BENEFIT

- **Enhanced Plus Plan - \$150**

We will pay the amount shown in the Schedule of Benefits for a Covered Person who has an x-ray performed due to Injuries sustained in a Covered Accident. The x-ray must be done at the request of a Physician. This benefit is payable one time per Covered Person per Covered Accident. This benefit does not cover any tests payable under the Medical Imaging Benefit or any other screening or medical imaging tests.

### OUTPATIENT HOSPITAL OR AMBULATORY SURGICAL CENTER BENEFIT

- **Enhanced Plus Plan - \$350**

When a surgical procedure is performed on an outpatient basis in a Hospital or at an Ambulatory Surgical Center on a Covered Person for Injuries sustained in a Covered Accident, 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 per Covered Person 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.

### ANESTHESIA BENEFIT

- **Enhanced Plus Plan - \$250**

We will pay the amount shown in the Schedule of Benefits for the services of an anesthesiologist received as a result of a surgery performed due to Injuries sustained in a Covered Accident. Hospital Confinement is not required to receive this benefit. We will only pay one Anesthesia Benefit per Covered Person in a 24-hour period even if more than one surgical procedure is performed. This benefit is not payable for local anesthesia.

## Additional Accident Treatment Benefit Amounts

ACCIDENT EMERGENCY TREATMENT BENEFIT		
<b>HOSPITAL EMERGENCY ROOM</b>	<b>Additional Benefit</b>	<b>Total Benefit Amount</b>
Enhanced Plus Plan	\$50	\$250
<b>DOCTOR'S OFFICE</b>	<b>Additional Benefit</b>	<b>Total Benefit Amount</b>
Enhanced Plus Plan	\$125	\$250
<b>MEDICAL IMAGING BENEFIT</b>	<b>Additional Benefit</b>	<b>Total Benefit Amount</b>
Enhanced Plus Plan	\$50	\$200
<b>AMBULANCE BENEFIT</b>	<b>Additional Benefit</b>	<b>Total Benefit Amount</b>
Ground	\$150	\$300
Air	\$1,000	\$1,500

"Total Benefit Amount" equals the base policy benefit amount plus the additional amount of increase with rider added.

## ACCIDENT BENEFIT ENHANCEMENT RIDER BENEFIT AMOUNTS

Accidental Death						
	Spouse				Child	
	<i>Rider Benefit</i>	<i>Total Benefit Amount</i>	<i>Rider Benefit</i>	<i>Total Benefit Amount</i>	<i>Rider Benefit</i>	<i>Total Benefit Amount</i>
<b>ENHANCED PLUS PLAN</b>						
Common Carrier	\$100,000	\$200,000	\$60,000	\$100,000	\$10,000	\$30,000
Other Accident	\$30,000	\$60,000	\$10,000	\$30,000	\$10,000	\$30,000
Accidental Dismemberment						
	Primary Insured		Spouse		Child	
	<i>Rider Benefit</i>	<i>Total Benefit Amount</i>	<i>Rider Benefit</i>	<i>Total Benefit Amount</i>	<i>Rider Benefit</i>	<i>Total Benefit Amount</i>
<b>ENHANCED PLUS PLAN</b>						
Both arms and both legs	\$0	\$60,000	\$30,000	\$60,000	\$10,000	\$30,000
Both: eyes, hands, feet, legs or arms	\$0	\$30,000	\$15,000	\$30,000	\$5,000	\$15,000
One: arm, leg, eye, hand or foot	\$3,000	\$15,000	\$9,000	\$15,000	\$3,500	\$7,500
One or more fingers or toes	\$800	\$2,000	\$1,400	\$2,000	\$600	\$1,000

*"Total Benefit Amount" equals the base policy benefit amount plus the additional amount of increase with rider added.*

## ACCIDENT ONLY MONTHLY PREMIUMS - EDUCATION RATES

ENHANCED PLUS PLAN				
	Individual	Individual & Spouse	Individual & Children	Family
<b>Plan</b>	\$26.60	\$33.80	\$41.60	\$48.80
<b>Rider</b>	\$6.80	\$8.10	\$9.70	\$11.10

*The premium and amount of benefits may vary dependent upon the plan selected.* This is a brief description of the coverage. For actual benefits, limitations, exclusions and other provisions, please refer to the policy, AO-03, and optional rider, Accident Only Benefit Enhancement Rider, AMDI-258 Series.

**This coverage does NOT replace Workers' Compensation Insurance. This product is inappropriate for people who are eligible for Medicaid coverage.**



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