



# Accident Insurance

## Are you financially prepared for an accident?

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

### ACCIDENTAL INJURY

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

A bad fall from a ladder leads to a broken lower leg and head injury, resulting in a fractured tibia and concussion. Treatment is received within 3 days.

	LEVEL 4
Initial Treatment	\$300
X-Rays (two different days)	\$400
Anesthesia	\$300
Hospital Admission (day 1)	\$2,000
Hospital Confinement (days 2 through 4)	\$1,200
Concussion	\$350
Open Reduction Tibia Fracture Repair	\$6,000
Appliance - Crutches	\$250
Follow-up Treatment (3 visits)	\$150
<b>TOTAL</b>	<b>\$10,950</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
- Sports Physical Exam
- Bone Density Screening
- Stress Test

LEVEL 4

**\$75**

## Plan Benefit Highlights

### ACCIDENTAL DEATH & DISMEMBERMENT

LEVEL 4	PRIMARY/SPOUSE	CHILD
Common Carrier	\$250,000	\$125,000
Other Accident	\$100,000	\$50,000
Dismemberment	\$7,000 to \$100,000	\$3,500 to \$50,000

<sup>1</sup>Hypothetical example of a covered accident based on the AO22 policy.

**Accident** is defined as an event which results in bodily injury that is independent of disease or bodily infirmity or any other cause, and which occurs while the policy is active.

# Plan Benefit Highlights

BENEFITS	LEVEL 4
<b>TREATMENTS</b>	
<b>Initial Treatment</b>	\$300
<b>Follow-up Treatment</b> Up to six treatments	\$50
<b>MEDICAL IMAGING</b>	
<b>CT, CAT, MRI, PET, US, SPECT</b>	\$200
<b>X-Rays</b> Up to two days	\$200
<b>HOSPITAL</b>	
<b>ICU Admission</b>	\$2,500
<b>Hospital Admission</b>	\$2,000
<b>ICU Confinement</b> Up to 30 days	\$1,600
<b>Hospital Confinement</b> Up to 365 days	\$400
<b>Rehabilitation</b> Up to 30 days	\$200
<b>SURGICAL</b>	
<b>Anesthesia</b>	\$300
<b>Exploratory Surgery</b>	\$400
<b>Internal Injuries Surgery</b> Open abdominal/thoracic surgery	\$2,500
<b>Miscellaneous Surgery</b>	\$250
<b>Outpatient Hospital or Ambulatory Surgical Center</b>	\$450
<b>Ruptured Disc or Torn Knee Cartilage Surgery</b>	\$500
<b>Tendons, Ligaments, and Rotator Cuff Surgery</b> One tendon, ligament, or rotator cuff	\$500
More than one tendon, ligament, or rotator cuff	\$750
<b>AMBULANCE</b>	
<b>Ground/Water</b>	\$500
<b>Air</b>	\$1,500
<b>FAMILY SUPPORT</b>	
<b>Transportation</b> Up to 3 round trips per Covered Person per Covered Accident	\$300
<b>Family Member Lodging and Meals</b> Per day per accident; Up to 30 days per Covered Accident	\$100

BENEFITS	LEVEL 4
<b>INJURY TREATMENTS</b>	
<b>Fractures</b> Depending on open or closed reduction and bone involved <i>Chip fracture</i> - 25% of closed reduction amount	\$375 to \$10,000
<b>Dislocations</b> Depending on open or closed reduction and joint involved <i>With local or no anesthesia</i> - 25% of closed reduction amount	\$375 to 10,000
<b>Lacerations</b> Not requiring sutures	\$100
Sutured lacerations less than two inches	\$250
Sutured lacerations totaling two but less than six inches	\$350
Sutured lacerations totaling six inches or more	\$700
<b>2nd &amp; 3rd Degree Burns</b> Skin grafts are 50% of benefit	\$150 to \$15,000
<b>Appliances</b> Crutches, leg braces, etc.	\$250
<b>Blood, Plasma, and Platelet</b>	\$400
<b>Concussion</b>	\$350
<b>Coma</b>	\$20,000
<b>Emergency Dental Work</b> Broken teeth repaired with crown or extraction of a broken natural tooth	\$300
<b>Epidural Pain Management</b>	\$250
<b>Eye Injury</b> Injury with surgical repair or removal of foreign body by physician, for one or both eyes	\$350
<b>Gunshot Wound</b>	\$2,000
<b>Paralysis</b> Paraplegia/Uniplegia Quadriplegia	\$25,000 \$50,000
<b>Physical, Occupational, or Speech Therapy</b> Per day of treatment up to eight days combined	\$25
<b>Prosthesis</b> Up to two devices	\$500
<b>Traumatic Brain Injury</b>	\$2,500

MONTHLY PREMIUMS	LEVEL 4
Individual	\$41.80
Individual & Spouse	\$48.90
Individual & Child(ren)	\$63.10
Family	\$71.10

# Plan Benefit Highlights

A Covered Person (hereafter referred to as "Person") under AF™ **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. These references are not intended to change or modify any definitions in the AO22 policy series.

**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 does not cover dental exams or eye exams. An Accident is not required for this benefit to be payable. This benefit is not payable for services performed as treatment for an Injury.

**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/water ambulance transportation is required for the same Accident, only the highest benefit will be paid.

**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. 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 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 3 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 which results directly from alcohol or drug use.

**Concussion Benefit** Payable for a Person who sustains a concussion and is diagnosed by a Physician within 7 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, 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 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 3 days of the Accident.

**Epidural Pain Management Benefit** Payable when a Person receives an epidural injection into the epidural space 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 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, 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 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.

**Gunshot Wound Benefit** Payable if gunshot wound does not cause Person to die; is caused by a shot from a Conventional Firearm; requires treatment by a Physician within 24 hours of Accident; and requires Confinement. If Dismemberment occurs, only the highest benefit will be paid. The Dismemberment must occur within 90 days after the Accident.

**Hospital Admission Benefit** Pays the first day a Person is Confined to a Hospital.

**Hospital Confinement Benefit** Pays a daily benefit for a Hospital Confinement up to 365 days. This benefit does not pay on the same day a Hospital Admission or ICU Admission benefit is paid.

**Intensive Care Unit (ICU) Admission Benefit** Pays the first day a Person is Confined to an ICU. If Hospital Admission and ICU Admission Benefits are payable for the same day, only the ICU Admission Benefit will be paid.

**Intensive Care Unit (ICU) Confinement Benefit** Pays a daily benefit for an ICU Confinement up to 30 days. This benefit does not pay 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 3 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 paid under this benefit.

**Outpatient Hospital or Ambulatory Surgical Center Benefit** Pays when a surgical procedure is performed on an outpatient basis in a 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 an Emergency Room, Urgent Care Facility or in a Physician's Office.

**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. Paid once per lifetime per Person.

## Plan Benefit Highlights (cont.)

**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.

**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 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 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 3 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 2 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) any act that was caused by war, declared or undeclared, while serving in the military or an auxiliary unit attached 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, or fume;
- (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 member of the immediate family of a 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 this 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, or drug or alcohol addiction.

Eligibility includes you, your lawful spouse and each natural, adopted or stepchild 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 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, AO22. The premium and amount of benefits vary depending on the Plan level selected at the time of application. 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.*



American Fidelity Assurance Company  
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**ACCIDENT ONLY COVERAGE**  
**Required Outline of Coverage for**  
**Accident Only Policy - Form Number AO22OK**

- A. Read Your Policy Carefully** - This outline of coverage provides a brief description of the important features of your policy. This is not the insurance contract and only the actual provisions of the policy will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
- B. Accident Only Coverage** - Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of a Covered Accident. Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.
- C. Benefits** - Your policy only pays benefits due to a Covered Accident. Benefits are provided to a Covered Person, after their effective date of coverage, while covered under the policy, and as a result of a Covered Accident. A brief description of benefits provided by the policy follows. Benefits are payable once per Covered Person per Covered Accident unless indicated otherwise. Please see the policy for detailed benefit information. **The benefits described are subject to all other terms and provisions of the policy.**

The **Accidental Death** benefit pays an indemnity amount when Accidental Death occurs as a result of a Covered Accident. The Accidental Death must occur within 90 days of the Covered Accident.

The **Dismemberment** benefit pays an indemnity amount when the Covered Person sustains a Dismemberment. The Dismemberment must occur within 90 days of the Covered Accident.

The **Internal Injuries Surgery** benefit pays an indemnity amount when a Covered Person sustains internal Injuries which result in open abdominal or thoracic surgery. The surgery must occur within 3 days of the Covered Accident.

The **Exploratory Surgery** benefit pays an indemnity amount when a Covered Person receives an exploratory surgery for Injuries sustained and no surgical repair is performed during such surgery.

The **Tendons, Ligaments, and Rotator Cuff Surgery** benefit pays an indemnity amount if a Covered Person's tendons, ligaments, or rotator cuff are torn, ruptured or severed and repaired through surgery.

The **Ruptured Disc or Torn Knee Cartilage Surgery** benefit pays an indemnity amount if a Covered Person receives a ruptured disc or torn knee cartilage. The Covered Person must be treated by a Physician and the ruptured disc or torn knee cartilage must be repaired through surgery.

The **Miscellaneous Surgery** benefit pays an indemnity amount if a Covered Person receives a surgery requiring general anesthesia that is not payable under any other benefit.



The **Outpatient Hospital or Ambulatory Surgical Center** benefit pays an indemnity amount when a Covered Person undergoes a surgical procedure, without Confinement, at a Hospital or Ambulatory Surgical Center. This benefit is payable only once per Covered Person in a 24-hour period even if more than one surgical procedure is performed.

The **Anesthesia** benefit pays an indemnity amount for the services of an anesthesiologist received as a result of surgery performed due to Injuries sustained by a Covered Person. This benefit is payable only once per Covered Person in a 24-hour period even if more than one surgical procedure is performed.

The **Hospital Admission** benefit pays an indemnity amount for the first day a Covered Person is Confined. If both the Hospital Admission benefit and ICU Admission benefit are payable for the same day, only the ICU Admission Benefit Amount will be paid.

The **Hospital Confinement** benefit pays an indemnity amount for each day a Covered Person is Confined. This benefit is payable once per day up to 365 days per Covered Person per Covered Accident. If both the Hospital Confinement benefit and Hospital Admission benefit are payable for the same day, only the Hospital Admission Benefit Amount will be paid. If both the Hospital Confinement benefit and ICU Admission benefit are payable for the same day, only the ICU Admission Benefit Amount will be paid.

The **ICU Admission** benefit pays an indemnity amount for the first day a Covered Person is Confined in an Intensive Care Unit (ICU). This benefit is payable once per Covered Person per Covered Accident. If both the ICU Admission benefit and Hospital Admission benefit are payable for the same day, only the ICU Admission Benefit Amount will be paid.

The **ICU Confinement** benefit pays an indemnity amount for each day a Covered Person is Confined in an Intensive Care Unit (ICU). This benefit is payable once per day up to 30 days per Covered Person per Covered Accident. If both the ICU Confinement benefit and ICU Admission benefit are payable for the same day, only the ICU Admission Benefit Amount will be paid. If both the ICU Confinement benefit and Hospital Confinement benefit are payable for the same day, the ICU Confinement Benefit Amount will be paid in addition to the Hospital Confinement Benefit Amount.

The **Rehabilitation** benefit pays an indemnity amount for each day a Covered Person is an inpatient in a Rehabilitation Unit following a Hospital admission. The treatment must begin immediately after the date of discharge from the Hospital. This benefit is payable once per day up to 30 days per Covered Person per Covered Accident.

The **Initial Treatment** benefit pays an indemnity amount for the first treatment a Covered Person receives for Injuries sustained. Initial treatment must be received within 30 days of the Covered Accident.

The **Follow-Up Treatment** benefit pays an indemnity amount for additional treatment over and above the initial medical treatment a Covered Person receives for Injuries sustained. The Follow-Up Treatment Benefit Amount will only be payable if the initial treatment was received within 30 days of the Covered Accident. This benefit is payable up to 6 follow-up treatments per Covered Person per Covered Accident.

The **Eye Injury** benefit pays an indemnity amount for surgery of the eye or removal of a foreign object from the eye of a Covered Person that is a result of an Injury to one or both eyes.

The **Dislocation** benefit pays an indemnity amount for a Covered Person who receives a Dislocation and requires Open or Closed Reduction. The amount payable for this benefit will be based on the joint Dislocated. We will pay the Open or Closed Reduction Benefit Amount as shown in the Schedule of Benefits if the Dislocation is repaired by a Physician under general anesthesia.

We will pay a percentage of the Closed Reduction Benefit Amount as shown in the Schedule of Benefits if the Dislocation is repaired by a Physician with local anesthesia or no anesthesia. We will pay no more than one Dislocation benefit per joint per Covered Person while this policy is in force.

The **Fracture** benefit pays an indemnity amount for a Covered Person who receives a Fracture and requires Open or Closed Reduction. If the Fracture cannot be repaired by Open or Closed Reduction, the Closed Reduction Benefit Amount will be paid. The amount payable for this benefit will be based on the bone Fractured. We will pay a percentage of the Closed Reduction Benefit Amount as shown in the Schedule of Benefits for the bone involved if the Fracture is a Chip Fracture.

The **Severe Burns** benefit pays an indemnity amount if a Covered Person suffers a 2<sup>nd</sup> degree or 3<sup>rd</sup> degree burn. The amount payable will be based on the degree of burn and amount of the body surface burned. Treatment for the burn must occur within 3 days of the Covered Accident.

The **Skin Graft** benefit pays an indemnity amount for a Covered Person who receives a skin graft for a burn for which benefits were paid under the Severe Burn Benefit.

The **Laceration** benefit pays an indemnity amount for a Covered Person who suffers a laceration that must be repaired or treated by a Physician. The amount payable will be based on the method of repair and the total length of all lacerations.

The **Ambulance** benefit pays an indemnity amount for a Covered Person who requires ambulance transportation en route to or between a Hospital, emergency center, or medical facility due to Injuries sustained.

The **Emergency Dental Work** benefit pays an indemnity amount if a Covered Person requires repair by crown or extraction of a broken natural tooth, free of decay, by a Physician or dentist and that is the result of Injuries sustained. The dental repair must occur within 3 days of the Covered Accident.

The **Physical, Occupational, or Speech Therapy** benefit pays an indemnity amount for each day a Covered Person receives Physical, Occupational, or Speech Therapy from a Physical, Occupational, or Speech Therapist. This benefit is payable up to 8 days per Covered Person per Covered Accident for all therapies combined.

The **Blood, Plasma, and Platelets** benefit pays an indemnity amount for blood, plasma, and platelets needed.

The **X-ray** benefit pays an indemnity amount for each day a Covered Person undergoes an x-ray for the purpose of diagnosing an Injury. This benefit is payable once per day up to 2 days per Covered Person per Covered Accident.

The **Medical Imaging** benefit pays an indemnity amount if a Covered Person undergoes a Computerized Tomography (CT or CAT), Magnetic Resonance Imaging (MRI), Single-Photon Emission Computed Tomography (SPECT), Positron Emission Tomography (PET) scan, or an ultrasound, for the purpose of diagnosing an Injury.

The **Gunshot Wound** benefit pays an indemnity amount if a Covered Person receives a gunshot wound and the gunshot wound does not cause the Covered Person to die; is caused by a shot from a Conventional Firearm; requires treatment by a Physician within 24 hours of the Covered Accident; and requires a Confinement.

The **Epidural Pain Management** benefit pays an indemnity amount if a Covered Person receives an epidural injection into the epidural space for management of pain due to an Injury.

The **Coma** benefit pays an indemnity amount if a Covered Person is rendered Comatose. The Coma must be diagnosed by a Physician and continue for at least 14 consecutive days.

The **Paralysis** benefit pays an indemnity amount if a Covered Person suffers Paralysis. The amount paid will be based on the type of Paralysis. The Paralysis must be diagnosed by a Physician and continue for at least 90 consecutive days. This benefit is payable only once per lifetime per Covered Person.

The **Appliance** benefit pays an indemnity amount for a wheelchair, motorized scooter, walker, walking boot, brace, cane, crutches, or any other medical device used for mobility to aid a Covered Person.

The **Prosthesis** benefit pays an indemnity amount if a Covered Person requires the use of a prosthesis as a result of Injuries sustained. This benefit is payable per device up to two devices per Covered Person per Covered Accident.

The **Transportation** benefit pays an indemnity amount for transportation of a Covered Person who requires treatment and is Confined in a non-local Hospital due to Injuries sustained. This benefit is payable only once per round trip up to 3 round trips per Covered Person per Covered Accident. Transportation benefits will only be provided for the Injured Covered Person.

The **Family Member Lodging and Meals** benefit pays an indemnity amount, up to 30 days, for lodging and meals for a family member to be near a Covered Person who has been Confined in a Hospital.

The **Concussion** benefit pays an indemnity amount for a Covered Person that suffers a Concussion. The diagnosis must be made within 7 days of the Covered Accident.

The **Traumatic Brain Injury** benefit pays an indemnity amount for a Covered Person that is Confined for at least 48 hours as a result of a Traumatic Brain Injury (TBI). The diagnosis and Confinement must occur within 3 days of the Covered Accident.

The **Accident Screening** benefit pays an indemnity amount if a Covered 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.

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### Benefit Schedule

(Refer to your application for the Level elected.)

	Level 1	Level 2	Level 3	Level 4
<b>Accidental Death and Dismemberment Benefits</b>				
<i>Primary Insured: 100% of Benefit Amount</i>				
<i>Spouse: 100% of Benefit Amount</i>				
<i>Dependent Child: 50% of Benefit Amount</i>				
<b>Accidental Death</b>	\$40,000	\$60,000	\$80,000	\$100,000
Common Carrier Accidental Death	\$100,000	\$150,000	\$200,000	\$250,000
<b>Dismemberment</b>				
Both Arms <b>and</b> Both Legs	\$40,000	\$60,000	\$80,000	\$100,000
Both Eyes / Both Arms / Both Legs / Both Hands / Both Feet / One Arm <b>and</b> One Leg / One Hand <b>and</b> One Foot	\$20,000	\$30,000	\$40,000	\$50,000
One Eye / One Arm / One Leg / One Hand / One Foot	\$10,000	\$15,000	\$20,000	\$25,000
One or More Fingers or Toes	\$2,800	\$4,200	\$5,600	\$7,000
<b>Internal Injuries Surgery</b>	\$1,000	\$1,500	\$2,000	\$2,500
<b>Exploratory Surgery</b>	\$250	\$300	\$350	\$400
<b>Tendons, Ligaments, and Rotator Cuff Surgery</b>				
Repair of One Tendon / Ligament / Rotator Cuff	\$500	\$500	\$500	\$500
Repair of Multiple Tendon / Ligament / Rotator Cuff	\$750	\$750	\$750	\$750
<b>Ruptured Disc or Torn Knee Cartilage Surgery</b>	\$500	\$500	\$500	\$500
<b>Miscellaneous Surgery</b>	\$250	\$250	\$250	\$250
<b>Outpatient Hospital or Ambulatory Surgical Center</b>	\$150	\$250	\$350	\$450
<b>Anesthesia</b>	\$150	\$200	\$250	\$300
<b>Hospital Admission</b>	\$500	\$1,000	\$1,500	\$2,000
<b>Hospital Confinement</b>	\$100	\$200	\$300	\$400
<b>ICU Admission</b>	\$1,000	\$1,500	\$2,000	\$2,500
<b>ICU Confinement</b>	\$400	\$800	\$1,200	\$1,600
<b>Rehabilitation</b>	\$50	\$100	\$150	\$200
<b>Initial Treatment</b>	\$150	\$200	\$250	\$300
<b>Follow-Up Treatment</b>	\$50	\$50	\$50	\$50
<b>Eye Injury</b>	\$200	\$250	\$300	\$350
<b>Dislocation (Open Reduction)</b>				
Hip	\$4,000	\$6,000	\$8,000	\$10,000
Knee (except Patella)	\$2,400	\$3,600	\$4,800	\$6,000
Ankle / Bones of the Foot (excluding toes)	\$800	\$1,200	\$1,600	\$2,000
Collarbone (Clavicle, Sternum)	\$800	\$1,200	\$1,600	\$2,000
Elbow	\$600	\$900	\$1,200	\$1,500
Lower Jaw	\$600	\$900	\$1,200	\$1,500
Bones of the Hand (excluding fingers)	\$600	\$900	\$1,200	\$1,500
Shoulder (Glenohumeral)	\$600	\$900	\$1,200	\$1,500
Wrist	\$600	\$900	\$1,200	\$1,500
Collarbone (Acromioclavicular and Separation)	\$600	\$900	\$1,200	\$1,500
One Finger or Toe	\$300	\$450	\$600	\$750
<b>Dislocation (Closed Reduction)</b>				
Hip	\$2,000	\$3,000	\$4,000	\$5,000
Knee (except Patella)	\$1,200	\$1,800	\$2,400	\$3,000
Ankle / Bones of the Foot (excluding toes)	\$400	\$600	\$800	\$1,000
Collarbone (Clavicle, Sternum)	\$400	\$600	\$800	\$1,000

### Benefit Schedule

(Refer to your application for the Level elected.)

	Level 1	Level 2	Level 3	Level 4
Elbow	\$300	\$450	\$600	\$750
Lower Jaw	\$300	\$450	\$600	\$750
Bones of the Hand (excluding fingers)	\$300	\$450	\$600	\$750
Shoulder (Glenohumeral)	\$300	\$450	\$600	\$750
Wrist	\$300	\$450	\$600	\$750
Collarbone (Acromioclavicular and Separation)	\$300	\$450	\$600	\$750
One Finger or Toe	\$150	\$225	\$300	\$375
With Local Anesthesia or No Anesthesia	25% of Closed Reduction amount			
<b>Fracture (Open Reduction)</b>				
Skull, except Bones of the Face or Nose	\$4,000	\$6,000	\$8,000	\$10,000
Hip, Thigh (Femur)	\$4,000	\$6,000	\$8,000	\$10,000
Vertebrae	\$2,400	\$3,600	\$4,800	\$6,000
Pelvis except Coccyx	\$2,400	\$3,600	\$4,800	\$6,000
Leg (Fibula or Tibia)	\$2,400	\$3,600	\$4,800	\$6,000
Ankle or Wrist	\$800	\$1,200	\$1,600	\$2,000
Bones of the Face or Nose (except Mandible or Maxilla)	\$800	\$1,200	\$1,600	\$2,000
Upper Jaw (Maxilla) except Alveolar Process	\$800	\$1,200	\$1,600	\$2,000
Lower Jaw (Mandible) except Alveolar Process	\$800	\$1,200	\$1,600	\$2,000
Arm (Radius, Ulna and/or Humerus)	\$800	\$1,200	\$1,600	\$2,000
Collarbone (Clavicle or Sternum)	\$800	\$1,200	\$1,600	\$2,000
Shoulder Blade (Scapula)	\$800	\$1,200	\$1,600	\$2,000
Kneecap (Patella)	\$800	\$1,200	\$1,600	\$2,000
Hand / Foot (except fingers / toes)	\$800	\$1,200	\$1,600	\$2,000
Rib	\$800	\$1,200	\$1,600	\$2,000
Coccyx	\$600	\$900	\$1,200	\$1,500
One Finger or Toe	\$300	\$450	\$600	\$750
<b>Fracture (Closed Reduction)</b>				
Skull, except Bones of the Face or Nose	\$2,000	\$3,000	\$4,000	\$5,000
Hip, Thigh (Femur)	\$2,000	\$3,000	\$4,000	\$5,000
Vertebrae	\$1,200	\$1,800	\$2,400	\$3,000
Pelvis except Coccyx	\$1,200	\$1,800	\$2,400	\$3,000
Leg (Fibula or Tibia)	\$1,200	\$1,800	\$2,400	\$3,000
Ankle or Wrist	\$400	\$600	\$800	\$1,000
Bones of the Face or Nose (except Mandible or Maxilla)	\$400	\$600	\$800	\$1,000
Upper Jaw (Maxilla) except Alveolar Process	\$400	\$600	\$800	\$1,000
Lower Jaw (Mandible) except Alveolar Process	\$400	\$600	\$800	\$1,000
Arm (Radius, Ulna and/or Humerus)	\$400	\$600	\$800	\$1,000
Collarbone (Clavicle or Sternum)	\$400	\$600	\$800	\$1,000
Shoulder Blade (Scapula)	\$400	\$600	\$800	\$1,000
Kneecap (Patella)	\$400	\$600	\$800	\$1,000
Hand / Foot (except fingers / toes)	\$400	\$600	\$800	\$1,000
Rib	\$400	\$600	\$800	\$1,000
Coccyx	\$300	\$450	\$600	\$750
One Finger or Toe	\$150	\$225	\$300	\$375
Chip Fracture	25% of Closed Reduction Amount			

### Benefit Schedule

(Refer to your application for the Level elected.)

	Level 1	Level 2	Level 3	Level 4
Severe Burns				
2 <sup>nd</sup> Degree				
less than 10% of the body surface	\$150	\$150	\$150	\$150
10% to less than 25% of the body surface	\$450	\$450	\$450	\$450
25% to less than 35% of the body surface	\$750	\$750	\$750	\$750
35% or more of the body surface	\$1,500	\$1,500	\$1,500	\$1,500
3 <sup>rd</sup> Degree				
less than 10 sq. in. of the body surface	\$2,250	\$2,250	\$2,250	\$2,250
10 sq. in. to less than 25 sq. in. of the body surface	\$3,750	\$3,750	\$3,750	\$3,750
25 sq. in. to less than 35 sq. in. of the body surface	\$7,500	\$7,500	\$7,500	\$7,500
35 sq. in. or more of the body surface	\$15,000	\$15,000	\$15,000	\$15,000
Skin Graft	50% of Burn Benefit			
Laceration				
Not requiring sutures	\$25	\$50	\$75	\$100
Requiring sutures				
Lacerations totaling less than 2 inches in length	\$100	\$150	\$200	\$250
Lacerations totaling 2 inches to less than 6 inches in length	\$200	\$250	\$300	\$350
Lacerations totaling 6 inches or more in length	\$400	\$500	\$600	\$700
Ambulance				
Air Ambulance	\$1,500	\$1,500	\$1,500	\$1,500
Ground or Water Ambulance	\$500	\$500	\$500	\$500
Emergency Dental Work	\$150	\$200	\$250	\$300
Physical, Occupational, or Speech Therapy	\$25	\$25	\$25	\$25
Blood, Plasma, and Platelets	\$250	\$300	\$350	\$400
X-ray	\$50	\$100	\$150	\$200
Medical Imaging	\$200	\$200	\$200	\$200
Gunshot Wound	\$500	\$1,000	\$1,500	\$2,000
Epidural Pain Management	\$100	\$150	\$200	\$250
Coma	\$5,000	\$10,000	\$15,000	\$20,000
Paralysis				
Uniplegia	\$10,000	\$15,000	\$20,000	\$25,000
Paraplegia	\$10,000	\$15,000	\$20,000	\$25,000
Quadriplegia	\$20,000	\$30,000	\$40,000	\$50,000
Appliance	\$100	\$150	\$200	\$250
Prosthesis (per device)	\$500	\$500	\$500	\$500
Transportation	\$300	\$300	\$300	\$300
Family Member Lodging and Meals	\$100	\$100	\$100	\$100
Concussion	\$200	\$250	\$300	\$350
Traumatic Brain Injury	\$1,000	\$1,500	\$2,000	\$2,500
Accident Screening	\$50	\$50	\$75	\$75

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- E. Limitations and Exclusions.** No benefits will be payable for death, Dismemberment, surgery, Confinement, treatment, diagnosis, screening or any other care or service incurred during any period the Covered Person's coverage is not in effect. Additionally, no benefits will be paid for an Injury that occurs prior to a Covered Person being covered under the policy. Benefits will also not be paid for services rendered by a Covered Person or immediate family member of a Covered Person.

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, while serving in the military or an auxiliary unit attached 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, or fume;
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, 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; or
10. participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

- F. Renewability** - The policy is guaranteed renewable for life, as long as you pay premiums before the date due or within the next 31 days. Premium rates may be changed, but only on a class basis.

- G. Optional Benefit Rider:** Please refer to your application to see if your coverage includes this optional rider.

#### **AMD1551 Organized Sports Benefit Rider**

The **Organized Sports Benefit Rider** pays an indemnity amount if a Covered Person, while a Participant in an Organized Sport, suffers an Injury for which a benefit is payable under this policy. The benefit payable under the policy will be increased by the Organized Sports benefit percentage.

Level 1	Level 2	Level 3	Level 4
Additional 25% of the benefit payable			

***This Outline of Coverage Is Only A Summary Of The Coverage Provided.  
Only The Actual Policy Provisions Will Control.***