Decide Today To Protect Tomorrow®

APSB-21895
(AR, AL, AK, AZ, CA, CO, DC, DE, HI, IN, KS, ME, MN, MS, NE, NM, NV, OH, RI, SC, WI, WV)

American Fidelity Assurance Company
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Summary of Benefits By Plan

Benefit Description	Basic	Enhanced	Enhanced Plus
Emergency Accident Treatment			
Hospital Emergency Room (if treatment is received within 72 hours)	$100	$150	$200
Doctor's Office(if treatment is received within 72 hours)	$75	$100	$125
Follow-up Treatment (up to 4 visits)	$50	$50	$50
Hospital Confinement			
Hospital Admission	$500	$1000	$1500
Intensive Care Confinement up to 15 days	$300	$600	$900
Hospital Confinement up to 365 days	$100	$200	$300
Medical Imaging			
MRI, CT, CAT, PET, US	$150	$150	$150
Ambulance			
Ground	$150	$150	$150
Air	$500	$500	$500
Wellness Benefit*			
Requires a 12 month waiting period before use	$50	$75	$75

Benefit amounts for the following benefits are the same for Basic, Enhanced, and Enhanced Plus Plans for all covered persons; Primary, Spouse, and Child(ren)

Benefit Description	
Fractures	
Depending on Open or Closed Reduction, Bone Involved, or Chip Fracture	From $25 - up to $3000
Lacerations	
Depending on Not Requiring or Requiring Sutures and Laceration Length	From $25 - up to $400
Appliances (crutches, leg braces, etc.)	$100
Ruptured Disc or Torn Knee Cartilage	$500
Eye Injury	
Injury with Surgical Repair, for One or Both Eyes	$250
Removal of Foreign Body by a Physician, for One or Both Eyes	$50
Dislocations	
Depending on Open or Closed Reduction, With or Without Anesthesia and Joint Involved	From $25 - up to $3000
No other amount will be paid under this benefit	
Concussion	$200
Burns	
2nd Degree Burns - Depending on Percentage of body surface	From $100 - up to $1000
3rd Degree Burns - Depending on Percentage of body surface	From $1500 - up to $10,000
Skin Grafts	25% of Burn Benefit
Internal Injuries	
Resulting in Open Abdominal or Thoracic Surgery	$1,000
Paralysis	
Quadriplegia	$10,000
Paraplegia	$5,000
Tendons, Ligaments and Rotator Cuff	
One Tendon, Ligament or Rotator Cuff	$500
More Than One Tendon, Ligament or Rotator Cuff	$750
Transportation (Patient Only)	
Per Round Trip for up to Three Round Trips Per Calendar Year	$300
Family Member Lodging and Meals	
Per Day Per Covered Accident for Lodging and Meals; up to 30 Days Per Confinement	$100
Emergency Dental Work	
Broken teeth repaired w/crowns	$150
Broken teeth resulting in extraction	$50
Prosthesis	$500
Exploratory Surgery Without Surgical Repair	$250
Physical Therapy	
Up to 8 visits	$25
Blood, Plasma and Platelets	$250

Accidental Death Benefit By Plan

	Basic		Enhanced		Enhanced Plus	
	Common Carrier	Other Accident	Common Carrier	Other Accident	Common Carrier	Other Accident
Primary	$50,000	$15,000	$100,000	$30,000	$200,000	$60,000
Spouse	$25,000	$7,500	$50,000	$15,000	$100,000	$30,000
Child	$10,000	$5,000	$20,000	$10,000	$40,000	$20,000

Accident Only Monthly Premiums By Plan

Industry Class A	Basic	Enhanced	Enhanced Plus
Individual	$12.40	$17.30	$22.60
Individual & Spouse	$18.30	$23.30	$28.60
Individual & Children	$21.00	$27.80	$35.30
Family	$27.00	$33.80	$41.40

Total $_____ per _____ pay period

** After coverage is in force for the waiting period shown, you can receive a benefit for one Covered Person's 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.*

*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 in the Policy Highlights section. **Premium and amount of Benefits may vary dependent upon Plan selected at time of application.***

Policy Benefit Highlights

An Accident means a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause.

Covered Accident means an Injury caused by an Accident, for which benefits are provided, which is independent of any disease or bodily infirmity or any other cause and that takes place while the Covered Person is covered under this policy. A Covered Accident is an Accident that occurs as a result of a Common-Carrier Accident or Other Accident as defined in this policy.

Accident Emergency Treatment Benefit

Payable for a Covered Person who receives emergency treatment in a Physician's office or emergency room within 72 hours of the Covered Accident. This benefit includes physician fees, x-rays, and emergency services.

Accident Follow-up Treatment Benefit

Payable for necessary follow-up treatment of Injuries by a Physician in addition to the emergency treatment that was administered in the first 72 hours of the Covered Accident. Payable for up to four treatments per Covered Person per Covered Accident. This benefit is not payable for a visit in which a Physical Therapy Benefit is paid.

Hospital Confinement Benefits

Payable for 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 or a stay of less than 18 hours in an observation unit). You will also receive a daily benefit for a Hospital Confinement that is longer than 18 hours for up to 365 days per Covered Person 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.

Medical Imaging Benefit

Payable 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 at the request of a Physician.

Ambulance Benefit

Payable for a Covered Person who requires ambulance transportation to a Hospital or emergency center. If air and ground transportation are both required for the same Covered Accident, only the highest benefit will be paid. The ambulance services must be provided by a licensed ambulance company.

Wellness Benefit

Payable for an annual physical, including immunizations, due to a Covered Person's routine exam or preventive testing. Payable once per Calendar Year per policy and only after any applicable waiting period has been met. This benefit does not cover dental exams or eye exams. Services must be under the supervision of a Physician and a charge must be incurred.

Accidental Death or Dismemberment Benefit

The applicable benefits 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.

Fracture 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.

Lacerations Benefit

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

Appliances Benefit

Payable for one of the following: crutches, leg braces, back braces, walkers, or wheel chairs. Not payable for Prosthetic Devices.

Ruptured Disc or Torn Knee Cartilage Benefit

Payable for surgical repair performed by a Physician.

Eye Injury Benefit

Payable for one or both eyes requiring treatment by a Physician.

Dislocation Benefit

Amount payable 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.

Concussion Benefit

Payable 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.

Burns Benefit

Payable for burns received in a Covered Accident when treated by a Physician within 72 hours.

Skin Graft Benefit

Payable for skin grafts received for a burn for which benefits were paid under the Burn Benefit.

Internal Injuries Benefit

Payable for abdominal or thoracic surgery performed within 72 hours of a Covered Accident.

Paralysis Benefit

The duration of the Paralysis must be a minimum of 3 consecutive months. Paid once per lifetime per Covered Person.

Tendon, Ligament and Rotator Cuff Benefit

Must be treated by a Physician and repaired through surgery.

Transportation Benefit

Payable for the transportation of a Covered Person who requires specialized treatment and Hospital Confinement in a non-local Hospital due to Injuries sustained in a Covered Accident. A non-local Hospital must be at least 100 miles away, one way, 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 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 for up to (3) three round trips per Calendar Year per Covered Person.

Family Member Lodging and Meals Benefit

Payable for lodging and meals for a family member to be near a Covered Person who is Confined in a non-local Hospital. The Hospital must be at least 100 miles one way from the Covered Person's residence or site of the Covered Accident. This benefit is payable for up to 30 days per Covered Accident.

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 of the Covered Accident.

Policy Benefit Highlights *continued*

Prosthesis Benefit
Payable when the use of Prosthesis is required. This benefit is not payable for hearing aids; dental aids; false teeth; eye glasses; or for cosmetic aids such as hair wigs. This benefit does not cover joint replacements such as artificial hips or knees.

Exploratory Surgery Without Surgical Repair Benefit
Payable when a Physician performs an exploratory surgical operation and no surgical repair is performed.

Physical Therapy Benefit
Payable when a Physician advises a Covered Person to seek physical therapy performed by a care-giver licensed in physical therapy. This benefit is payable for one treatment per day, up to (8) eight treatments per Covered Person. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.

Blood Plasma and Platelets Benefit
This benefit does not provide coverage for immunoglobulins.

Family Coverage
You can take advantage of several options to extend coverage to your family:

- Individual and Spouse Plan – Covers you and your 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, under the age of 21 or 25 if attending school full-time.
- Family Plan – Covers you, your Spouse (ages 18 to 64 at Policy Issue) and each Eligible Child, as defined in the policy, under the age of 21 or 25 if attending school full-time.

Guaranteed Renewable
You are guaranteed the right to renew your base policy during your lifetime as long as you pay the required premiums when due or within the premium grace period. You cannot be singled out for a rate increase for any reason. Rates can be changed only if rates for all policies in this class change.

Limitations & Exclusions
This policy will not pay benefit 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:

(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.

Benefits will not be provided for medical treatment for an Accident received outside the United States or its territories. Benefits will not be paid for services rendered by a member of the immediate family of a Covered Person.

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American Public Life Insurance Company
A member of the American Fidelity Group®

Underwritten by:

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**Please consult the policy for the definition of Eligible Child and full-time student eligibility.* This is a brief description of the coverage. For actual benefits and other provisions, please refer to the policy and rider. This coverage does not replace Workers' Compensation Insurance. This product is inappropriate for people who are eligible for Medicaid coverage. ■ Policy Form AFA Accident Only Series I (24-Hour Coverage) ■ AR, AL, AK, AZ, CA, CO, DC, DE, HI, IN, KS, ME, MN, MS, NE, NM, NV, OH, RI, SC, WI, WV ■ Limited Benefit Accident Only Insurance ■ Individual Brochure ■ (07/09)