

Are you protected from life's accidents?

There are things that you or your family do daily that may lead to an accidental injury.



SPORTS



TRAVEL



SCHOOL



VACATION

Accident Insurance

Helps cover costs associated with injury treatments

Allstate Benefits (AB) accident coverage provides cash benefits for either on- or off-the-job (AP2) or off-the-job only (AP3) accidental injuries, and can help cover the costs associated with injury treatments.




Allstate
BENEFITS


accident

Unexpected accidents can also mean unexpected out-of-pocket expenses. Hospital stays, medical or surgical treatments, dislocations or fractures, and transportation by air or ground ambulance can add up quickly and be very costly. Our coverage can help with some of these expenses so your finances can remain healthy.

Accident coverage can help offer peace of mind when you are injured and seek medical treatment. Below is an example of how benefits might be paid.*



John Chooses Accident Coverage
from the plan benefits his employer is offering



2 months later John is involved in a car accident, suffers injuries and is taken to the hospital by ambulance


Services In and Out of the Hospital

In Hospital: John undergoes surgery to repair his rotator cuff, receives stitches for lacerations, and is visited by a doctor during a 2-day stay in the hospital.

Out of Hospital: A family member drives John 150 miles to a treatment center to receive physical therapy 3 times, plus a follow-up visit with his doctor.

Our accident policy paid in addition to medical benefits:

Air Ambulance Service	\$ 200
Medical Expenses	\$ 250
Initial Hospital Confinement	\$ 1,000
Hospital Confinement	\$ 200
Rotator Cuff Surgery	\$ 500
Lacerations	\$ 50
Physical Therapy	\$ 90
Non-Local Transportation	\$ 900
Follow-Up Treatment	\$ 50
Total Benefits:	\$3,240*



*The example shown may vary from the plan your employer is offering. Your individual experience may also vary. Please see pages 2a and 2b for your plan details.

meeting your needs

Our coverage can help provide financial support when an on- or off-the-job (AP2) or off-the-job only (AP3) accidental injury occurs.

Here's what you get:

- Coverage is available for you or your entire family
- Benefits paid directly to you, unless assigned to someone else
- Pays in addition to insurance you may already have
- Affordable premiums conveniently payroll deducted
- Coverage can be enhanced by the addition of rider benefits
- Portable coverage. If you leave your job you can take the coverage with you

your benefit coverage†

Accidental Death and Dismemberment¹ - Pays for accidental death or dismemberment.

Dislocation or Fracture² - Pays for dislocation or fracture.

Medical Expenses² - Pays for medical expenses.

Ambulance² - Pays for ambulance service to or from a hospital.

Hospital Confinement² - Pays when you are confined in a hospital, up to 90 days for each accident.

Disability² (Primary Insured Only) - Pays if totally disabled for 3 full days. Pays for one disability at a time up to 6 months.

BENEFIT ENHANCEMENT RIDER

Initial Hospitalization^{}** - Pays for the first hospital confinement during a calendar year.

Lacerations^{}** - Pays for treatment of cuts.

Burns^{}** - Pays for treatment of burns, other than sun burns.

**First treatment or confirmation by a doctor must be in the first 3 days after the accident.

¹ Death or dismemberment must occur within 180 days of the accident.

² Must occur within 90 days of the accident.

†Benefit amounts are shown on pages 2a and/or 2b. See pages 3 and 4 for limits and conditions and pages 4 and 5 for state variations.

Sports can lead to accidents



Child is hurt playing ball



is taken to the hospital



and is seen by a Physician

Skin Graft** – Pays for a skin graft for a covered burn.

Brain Injury Diagnosis* – Pays when diagnosed with 1 of these within 30 days after an accident: concussion; cerebral laceration; cerebral contusion; or intracranial hemorrhage.

Paralysis* – Pays when paralyzed from a spinal cord injury for at least 90 days in a row.

Coma with Respiratory Assistance – Pays when in a coma for at least 7 days in a row.

Open Abdominal or Thoracic Surgery* – Pays for surgery to repair internal injuries; or for exploratory surgery.

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery*** – Pays for surgery to repair a tendon, ligament, rotator cuff or knee cartilage; or for exploratory arthroscopic surgery. Not paid if Ruptured Disc Surgery benefit is paid.

Ruptured Disc Surgery*** – Pays for surgery to repair a ruptured spinal disc. Not paid if Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery benefit is paid.

Eye Surgery** – Pays for eye surgery or to remove a foreign object from the eye.

Blood and Plasma* – Pays for a blood transfusion or plasma.

Appliance** – Pays for 1 of the following: wheelchair; crutches; or walker.

Prosthesis*** – Pays for a physician-prescribed prosthetic hand, foot or eye when a benefit is also paid under the Accidental Dismemberment benefit in the policy.

Physical Therapy** – Pays for physician-prescribed physical therapy (up to 6 treatments per accident) within 6 months after the accident. Not paid for same visit Accident Follow-Up Treatment benefit is paid.

Non-Local Transportation – Pays for physician-prescribed treatment at a hospital or treatment center more than 100 miles from your home. Paid up to 3 times per accident.

Family Member Lodging – Pays lodging for one adult family member to accompany you when you receive physician-prescribed treatment at a hospital or treatment center more than 100 miles from the family member's home, up to 30 days.

Accident Follow-Up Treatment** – Pays for follow-up treatment from a physician (up to 2 treatments per accident) within 6 months after the accident. Not paid for same visit Physical Therapy benefit is paid.

Hospital Intensive Care (ICU)* – Pays for ICU confinement, up to 60 days for each confinement.

OPTIONAL RIDERS

Sickness Disability Income Rider (Primary Insured Only) (APDIRS/APDIRC) – Pays after being totally disabled for 7 full days and for up to 6 months.

Outpatient Physician's Treatment Benefit Rider (APOPTR1) – Pays for treatment by a physician outside of a hospital for any reason, up to 2 visits each year (4 visits for family coverage).

DEFINITIONS

Disability and Sickness Disability – Means due solely to injury (policy only) or solely to sickness (Sickness Disability Rider only), you are under the care of a doctor, not able to do every important duty of your regular job and are not working at any job. If retired, means unable to engage in activities of persons of like age and good health.

Pregnancy – Total disability resulting from pregnancy or childbirth is covered the same as any covered sickness if the rider has been in effect for the 10 months in a row before the start of such total disability. Complications of pregnancy or childbirth are treated the same as any other sickness.

POLICY AND RIDER SPECIFICATIONS

Please read your policy carefully. This section details some specifics of the policies and riders.

Conditions and Limits – When an injury results in a covered loss, AB will pay benefits as stated.

Coverage will only be provided for treatment and confinement in the U.S. or its territories.

*First treatment or confirmation by a doctor must be in the first 3 days after the accident.

**Must begin or be received within 90 days of the accident.

***Must begin, be received or performed within 180 days of the accident.

Eligibility – (a) Coverage under the Policies, the Benefit Enhancement Rider and the Outpatient Physician's Treatment Benefit Rider may include you, your spouse and children under age 26. (b) Coverage under the Sickness Disability Income Rider includes you only.

Termination – (a) Coverage terminates at the end of the grace period or age 70. (b) Spouse coverage ends upon divorce. (c) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Renewability – Coverage is guaranteed renewable until age 70, subject to change in premiums by class.

Exclusions and Limitations for Policies and Benefit Enhancement Rider

– (1) Benefits are not paid for: (a) injuries incurred before the effective date; (b) any act of war, participation in a riot, insurrection or rebellion; (c) suicide or attempted suicide; (d) injuries sustained while under the influence of alcohol or narcotics, unless taken on the advice of a doctor; (e) bacterial infections (except pyogenic infections from an accidental cut or wound); (f) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; (g) taking of poison or asphyxiation from or voluntary inhalation of gas or fumes; (h) committing or attempting an assault or felony; (i) driving in an organized or scheduled race or speed test or testing any vehicle on any racetrack or speedway; (j) mental diseases or deficiencies unless from organic disease; (k) dependent child participating in organized football; (l) hernia, including complications; (m) active Military service. (2) Disability benefits for a back or intervertebral disc condition are limited to 3 months for any one injury. **AP3 Only** – injury that is a result of an on-the-job accident is also excluded.

Exclusions and Other Limitations for Sickness Disability Income and Outpatient Physician's Treatment Benefit Riders

– The riders do not pay benefits for: (a) any act of war, participation in a riot, insurrection or rebellion; (b) attempted suicide; (c) being under the influence of alcohol, narcotics or any other controlled substance or drug unless taken on the advice of a doctor; (d) alcoholism, drug addiction or dependence on any controlled substance; (e) mental illness without organic disease; (f) voluntary inhalation of gas or fumes. **APOPTR1 Only** – (g) dental or plastic surgery for cosmetic purposes, unless required to correct a disorder of normal body functions.

Pre-existing Condition Limitation for Policies – (a) AB does not pay benefits during the first 2 years of a person's coverage if caused by a pre-existing condition. (b) A pre-existing condition is a condition which manifested before the effective date, or for which medical advice or treatment was recommended by or received from a doctor within 5 years before the effective date.

Pre-existing Condition Limitation for Benefit Enhancement and Sickness Disability Riders

– (a) AB does not pay benefits during the first year of a person's coverage if caused by a pre-existing condition. (b) A pre-existing condition is a condition which manifested 1 year before the effective date, or for which medical advice or treatment was recommended by or received from a doctor within 1 year before the effective date.

STATE VARIATIONS

Delaware (change affects page 4) - In the **Pre-existing Condition Limitation for Policies**, item (b) is replaced with: A pre-existing condition is the existence of symptoms which would cause a prudent person to seek diagnosis, care, or treatment within a 5-year period before the effective date or a condition for which medical advice or treatment was recommended by or received from a doctor within the 5-year period before the effective date.

Indiana (changes affect page 4) - In **Eligibility** and **Termination**, references to children include those under your legal guardianship, grandchildren and blood relatives if they depend on you for 50% or more of their support. In the **Exclusions and Other Limitations for Sickness Disability Income and Outpatient Physician's Treatment Benefit Riders**, item (c) is replaced with: disability or treatment as a result of being under the influence of any narcotic unless taken on the advice of a doctor. **This only applies to the Sickness Disability Income Rider.**

Maryland (changes affect pages 3 and 4) - In the **Benefit Enhancement Rider**, the **Physical Therapy Benefit** is replaced with: **Physical Therapy Benefit** - Pays for physician-prescribed physical therapy (up to 4 treatments per accident); not paid for same visit Accident Follow-Up Treatment benefit is paid. In **Eligibility**, item (a) is replaced with: Coverage may include you, your spouse or domestic partner and children under age 26. In **Termination**, item (b) is replaced with: Spouse/domestic partner coverage

ends upon divorce/termination of partnership. In **Eligibility and Termination**, references to children include grandchildren in court ordered custody and permanent guardians. In the **Exclusions and Limitations for Policies and Benefit Enhancement Rider**, item (1) (b) is replaced with: any act of war; item (1) (d) is deleted; item (1) (h) is replaced with: committing or attempting a felony (applies only to accidental death, dismemberment and disability benefits); item (1) (j) is deleted. In the **Exclusions and Other Limitations for Sickness Disability Income and Outpatient Physician's Treatment Benefit Riders**, items (c) and (d) are deleted. **This only applies to the Sickness Disability Income Rider.**

North Carolina (changes affect pages 3 and 4) - In the **Definitions**, **Pregnancy** is replaced with: Total disability resulting from pregnancy, childbirth, or complications is covered the same as any covered sickness. In the **Exclusions and Limitations for Policies and Benefit Enhancement Rider**, item (1) (d) is replaced with: injuries sustained as a result of being intoxicated or under the influence of narcotics, unless taken on the advice of a doctor; item (1) (g) is replaced with: voluntary taking of poison or asphyxiation from or voluntary inhaling of gas or fumes. The **AP3 Only** exclusion does not apply if a benefit for such injury is not paid under Chapter 97 of the General Statutes of North Carolina. In the **Exclusions and Other Limitations for Sickness Disability Income and Outpatient Physician's Treatment Benefit Riders**, item (c) is replaced with: disability or treatment as a result of being under the influence of any narcotic unless taken upon the advice of a doctor. In the **Pre-existing Condition Limitation for Benefit Enhancement and Sickness Disability Riders**, item (b) is replaced with: A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended by or received from a doctor in the 1-year period immediately preceding the effective date. **This only applies to the Sickness Disability Income Rider.**

South Carolina (changes affect page 4) - In the **Exclusions and Limitations for Policies and Benefit Enhancement Rider**, items (1) (i), (k), (l) and item (2) are deleted. The **Pre-existing Condition Limitation for Policies** is deleted. In the **Exclusions and Other Limitations for Sickness Disability Income and Outpatient Physician's Treatment Benefit Riders**, item (d) is replaced with: alcoholism or drug addiction; item (f) is deleted. **This only applies to the Sickness Disability Income Rider.**

Tennessee (changes affect pages 3 and 4) - The definition of **Disability and Sickness Disability** is replaced with: Means due solely to injury (policy only) or solely to sickness (Sickness Disability Rider only), you are under the care of a doctor, not able to do every important duty of your regular job and are not working at any job you are suited for by education, training and experience. If retired, means unable to engage in activities of persons of like age and good health. In the **Exclusions and Limitations for Policies and Benefit Enhancement Rider**, item (1) (d) is replaced with: injuries as a result of being intoxicated or under the influence of any narcotic unless taken on the advice of a doctor; item (1) (g) is replaced with: voluntary taking of poison or asphyxiation from voluntary inhaling of gas or fumes. In the **Exclusions and Other Limitations for Sickness Disability Income and Outpatient Physician's Treatment Benefit Riders**, item (c) is replaced with: disability or treatment as a result of being intoxicated or under the influence of any narcotic unless taken upon the advice of a doctor. **This only applies to the Sickness Disability Income Rider.**

Virginia (changes affect pages 3 and 4) - The "Sickness Disability Rider only" portion of the **Disability and Sickness Disability** definition is replaced with: Means solely due to sickness, you are under the care of a doctor, not able to do every important duty of your regular job, and are not working at any job for which you are qualified by education, training, or experience. In the **Exclusions and Limitations for Policies and Benefit Enhancement Rider**, items (1) (i), (k), (l) and item (2) are deleted. In the **Pre-Existing Condition Limitation for Policies**, item (b) is replaced with: A pre-existing condition is the existence of symptoms which would cause a prudent person to seek diagnosis, care, or treatment within a 2-year period before the effective date.

West Virginia (changes affect pages 3 and 4) - The "policy only" portion of the **Disability and Sickness Disability** definition is replaced with: Means solely due to injury, you are under the care of a doctor, not able to engage in your current occupation for which you are reasonably fitted by education, training, or experience, and are not working at any job. In the **Exclusions and Limitations for Policies and Benefit Enhancement Rider**, item (1) (e) is replaced with: bacterial infections (except pyogenic infections from an accident).

The policies and benefit enhancement rider are Limited Benefit Accident Only coverage and do not pay benefits for sickness.

This material is valid as long as information remains current, but in no event later than **November 15, 2015**. Policy benefits provided by policies AP2/AP3, or state variations thereof. Benefit Enhancement Rider provided by rider AP2BER/AP3BER, or state variations thereof. Sickness Disability Income provided by rider APDIRS/APDIRC, or state variations thereof. Outpatient Physician's Treatment Benefit provided by rider APOPTR1, or state variations thereof. The policies are not Medicare Supplement Policies.

The policies and riders provide supplemental limited benefit insurance. This brochure highlights some features of the policies and riders but is not the insurance contract. Only the actual policies provisions control. For complete details, contact your Insurance Agent, or contact Allstate Benefits at: **1-800-521-3535** or go to allstatebenefits.com. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

This brochure is for use in: DE, IN, KY, MD, NC, OH, SC, TN, VA, WV



Allstate
BENEFITS

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off-the-job accident (silver, gold, platinum plan)

Listed below are benefits and amounts associated with the benefits described in the brochure.

ACCIDENT BENEFITS*		SILVER	GOLD	PLATINUM
Accidental Death and Dismemberment ¹ (common carrier pays 3Xs the benefits listed)	Employee	\$20,000	\$30,000	\$40,000
	Spouse	\$10,000	\$15,000	\$20,000
	Child(ren)	\$5,000	\$7,500	\$10,000
Dislocation or Fracture ¹	Employee	\$2,000	\$3,000	\$4,000
	Spouse	\$1,000	\$1,500	\$2,000
	Child(ren)	\$500	\$750	\$1,000
Medical Expenses ²		\$250	\$375	\$500
Ambulance	Ground	\$100	\$150	\$200
	Air	\$200	\$300	\$400
Hospital Confinement (daily)		\$100	\$150	\$200
Disability** (per month)		\$600	\$900	\$1,200
BENEFIT ENHANCEMENT RIDER*		SILVER	GOLD	PLATINUM
Initial Hospitalization (per year/covered person)		\$1,000	\$1,000	\$1,000
Lacerations (per year/covered person)		\$50	\$50	\$50
Burns (% body surface)	< 15%	\$100	\$100	\$100
	> 15%	\$500	\$500	\$500
Skin Graft (% of burns benefit)		50%	50%	50%
Brain Injury Diagnosis ³		\$150	\$150	\$150
Paralysis ³	Paraplegia	\$7,500	\$7,500	\$7,500
	Quadriplegia	\$15,000	\$15,000	\$15,000
Coma ³		\$10,000	\$10,000	\$10,000
Open Abdominal or Thoracic Surgery	Surgery	\$1,000	\$1,000	\$1,000
	Exploratory	\$100	\$100	\$100
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$500	\$500	\$500
	Exploratory	\$150	\$150	\$150
Ruptured Disc Surgery		\$500	\$500	\$500
Eye Surgery		\$100	\$100	\$100
Blood and Plasma		\$300	\$300	\$300
Appliance		\$125	\$125	\$125
Prosthesis	One Device	\$500	\$500	\$500
	Two or More	\$1,000	\$1,000	\$1,000
Physical Therapy (daily)		\$30	\$30	\$30
Non-Local Transportation (per trip)		\$300	\$300	\$300
Family Member Lodging (daily)		\$100	\$100	\$100
Accident Follow-Up Treatment (daily)		\$50	\$50	\$50
Hospital Intensive Care (daily)		\$400	\$400	\$400
OPTIONAL OUTPATIENT PHYSICIAN'S TREATMENT RIDER		SILVER	GOLD	PLATINUM
Outpatient Physician's Treatment Benefit ⁴ (per visit)		n/a	\$25	\$50
OPTIONAL RIDER COVERAGE		SILVER	GOLD	PLATINUM
Sickness Disability Income** (per month)		\$600	\$900	\$1,200

¹ up to amount shown; see Injury Benefit Schedule. Multiple losses from same injury pay only up to amount shown.

² up to maximum shown/per covered person/per accident

³ pays one time per covered person

⁴ 2 visits/year or 4 visits/year family

* amounts shown are per accident/covered person unless otherwise noted

** Primary Insured only



injury benefit schedule (silver, gold, platinum plan)

Benefit amounts for coverage and one occurrence are shown below. Covered spouse gets 50% of the amounts shown and children 25%.

LOSS OF LIFE OR LIMB	SILVER	GOLD	PLATINUM
Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$20,000	\$30,000	\$40,000
One eye, hand, arm, foot, or leg	\$10,000	\$15,000	\$20,000
One or more entire toes	\$1,000	\$1,500	\$2,000
One or more entire fingers	\$800	\$1,200	\$1,600
COMPLETE DISLOCATION	SILVER	GOLD	PLATINUM
Hip joint	\$2,000	\$3,000	\$4,000
Knee or ankle joint*, bone or bones of the foot*	\$800	\$1,200	\$1,600
Wrist joint	\$700	\$1,050	\$1,400
Elbow joint	\$600	\$900	\$1,200
Shoulder joint	\$400	\$600	\$800
Bone or bones of the hand*, collarbone	\$300	\$450	\$600
Two or more fingers or toes	\$140	\$210	\$280
One finger or toe	\$60	\$90	\$120
COMPLETE, SIMPLE OR CLOSED FRACTURE	SILVER	GOLD	PLATINUM
Hip, thigh (femur), pelvis**	\$2,000	\$3,000	\$4,000
Skull**	\$1,900	\$2,850	\$3,800
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$1,100	\$1,650	\$2,200
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$800	\$1,200	\$1,600
Foot**, hand or wrist**	\$700	\$1,050	\$1,400
Lower jaw**	\$400	\$600	\$800
Two or more ribs, fingers or toes, bones of face or nose	\$300	\$450	\$600
One rib, finger or toe, coccyx	\$140	\$210	\$280

*Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). **Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

premiums detailed

without Optional Sickness Disability Rider

MODE	PLAN	EMPLOYEE	FAMILY
Weekly	Silver	\$4.85	\$8.87
Monthly	Silver	\$20.98	\$38.44
Weekly	Gold†	\$7.54	\$13.99
Monthly	Gold†	\$32.64	\$60.59
Weekly	Platinum††	\$10.22	\$19.10
Monthly	Platinum††	\$44.29	\$82.74

with Optional Sickness Disability Rider

MODE	PLAN	EMPLOYEE	FAMILY^
Weekly	Silver	\$8.64	\$12.67
Monthly	Silver	\$37.42	\$54.88
Weekly	Gold†	\$13.23	\$19.68
Monthly	Gold†	\$57.30	\$85.25
Weekly	Platinum††	\$17.81	\$26.69
Monthly	Platinum††	\$77.17	\$115.62

Issue Ages: 18-64

† adds 1/2 unit of Outpatient Physician's Treatment Benefit Rider

†† adds 1 unit of Outpatient Physician's Treatment Benefit Rider

^Only the primary insured is covered under the Optional Sickness Disability Rider.

This insert is for use in: DE, KY, MD, NC, OH, TN, VA

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