



## Allstate BENEFITS

Protection for off-the-job  
accidental injuries

## Accident Insurance

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

### Here's How It Works

Our coverage pays you cash benefits that correspond with hospital confinements. Your plan may also include coverage for a variety of occurrences, such as dismemberment, dislocation or fracture, ambulance services, medical expenses, disability and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

### Meeting Your Needs

- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage is guaranteed renewable until age 70, subject to change in premiums by class

With Allstate Benefits, you can protect your finances against life's slips and falls.

Practical benefits for everyday living.®

## DID YOU KNOW ?

The number of off-the-job  
injuries sustained by workers  
in one year includes:<sup>1</sup>

OFF-THE-JOB (in millions)



Home  
**9.2**



Non-Auto  
**4.0**



Auto  
**2.2**

<sup>1</sup>National Safety Council, Injury Facts®, 2017 Edition



# Meet Justine & Gina

Justine and Gina are part of an active family who enjoy having fun in the great outdoors. Justine has seen her family suffer bumps, bruises and breaks, and knows an accidental injury could happen at any moment. Her greatest worry is paying for treatment.

Here is what weighs heavily on her mind:

- Major medical will only pay a portion of the expenses associated with injury treatments
- There are copays she is responsible for until she meets her deductible
- If she misses work because of an injury, she must cover the bills, rent/mortgage, groceries and her child's education
- If she or a family member needs to seek treatment not available locally, she will have to pay for it



Gina's story of injury and treatment turned into a happy ending, because her family had supplemental Accident Insurance to help with expenses.



## CHOOSE

Justine chooses benefits to help protect her family if they suffer an accidental injury.



## USE

Justine was teaching her daughter Gina how to rollerblade when the wheel hit a rock in the road. Gina fell onto the pavement, rolled into a parked car and was knocked unconscious.

Here's Gina's treatment path:

- Taken by ambulance to the emergency room
- Examined by a doctor and X-rays were taken
- Underwent surgery to place pins in her wrist
- Visited by her doctor, watched for a concussion and released after a one-day stay in the hospital
- Had to wear a plaster splint for 6 weeks
- Seen by the doctor during a follow-up visit and sent to physical therapy to strengthen her wrist and improve her mobility

Justine would go online after each treatment to file a claim and receive her cash benefits.

Justine and Gina are still as active as ever.



## CLAIM

Gina's Accident claim paid cash benefits for the following:

Ambulance Services

Fracture

Medical Expenses  
(Emergency Room and X-rays)

Initial Hospitalization

Hospital Confinement

Accident Follow-Up Treatment

Physical Therapy (3 days/week)

For a listing of benefits and benefit amounts, see pages 3 and 4.

## Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



### Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



### Travel

Can help pay for expenses while receiving treatment in another city.



### Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



### Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



## MyBenefits: 24/7 Access [allstatebenefits.com/mybenefits](http://allstatebenefits.com/mybenefits)

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

## Dependent Eligibility

Coverage under the policy and riders (except the Sickness Disability Income Rider) may include you, your spouse and your children under age 26. Coverage under the Sickness Disability Income Rider includes you only.

<sup>1</sup>Multiple dismemberments, dislocations or fractures are limited to the amount shown in the rate insert. <sup>2</sup>Up to three times per covered person, per accident.

<sup>3</sup>Two treatments per covered person, per accident. \*Must begin or be received within 180 days of the accident. \*\*Within 3 days after the accident.

## Benefits (subject to maximums as listed on page 4)

### BASE POLICY BENEFITS

**Accidental Death or Dismemberment<sup>1</sup>, \*** - amount paid for dismemberment depends on the type of dismemberment. See Injury Benefit Schedule on page 5. If loss results from injury while riding as a fare-paying passenger on a scheduled common carrier, amount paid is 3 times the benefit amount stated on page 4

**Dislocation or Fracture<sup>1</sup>** - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule on page 5

**Hospital Confinement** - confinement in a hospital located in the United States or its territories, up to 90 days for any one injury

**Disability (Primary Insured only)** - benefit is paid when totally disabled for more than 3 days; payable up to 6 months

**Medical Expenses** - expenses incurred for medical or surgical treatment. Expenses are limited to physician fees, X-rays, emergency room services (maximum \$50), and repair to natural teeth if diagnosed by a dentist as necessary and as a result of injury

**Ambulance Services** - transfer to or from hospital by ground or air ambulance service

### BENEFIT ENHANCEMENT RIDER

**Initial Hospitalization<sup>\*\*</sup>** - first hospital confinement occurring during a calendar year. Payable when a benefit has been paid under the Hospital Confinement benefit in the base policy

**Lacerations<sup>\*\*</sup>** - treatment for one or more lacerations (cuts)

**Burns<sup>\*\*</sup>** - treatment for one or more burns, other than sunburns

**Skin Graft** - receiving a skin graft by a physician, for which a benefit is paid under the Burns benefit

**Brain Injury Diagnosis<sup>\*\*</sup>** - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage within three days of an accident. Must be diagnosed within 30 days after the accident by CT Scan, MRI, EEG, PET scan or X-ray

**Paralysis<sup>\*\*</sup>** - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for at least 90 days

**Coma with Respiratory Assistance** - unconsciousness lasting 7 or more days; intubation required. Medically induced comas excluded

**Open Abdominal or Thoracic Surgery<sup>\*\*</sup>**

**Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery<sup>\*</sup>** - surgery received for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery. Not paid if the Ruptured Disc Surgery benefit is paid

**Ruptured Disc Surgery<sup>\*</sup>** - diagnosis and surgical repair to a ruptured disc of the spine by a physician. Not paid if the Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery benefit is paid

**Eye Surgery** - surgery or removal of a foreign object by a physician

**Blood and Plasma<sup>\*\*</sup>** - transfusion after an accident

**Appliance** - physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility

**Prosthesis<sup>\*</sup>** - physician-prescribed prosthetic hand, foot or eye lost as a result of an accident. Payable only if a benefit is paid for loss of hand, foot or eye under the policy Accidental Death or Dismemberment benefit

**Physical Therapy** - one treatment per day; maximum of 6 treatments per accident; must take place no longer than 6 months after the accident. Payable only if the Medical Expenses benefit is paid. Not payable for same visit for which the Accident Follow-Up Treatment benefit is paid

**Non-Local Transportation<sup>2</sup>** - treatment obtained at a non-local hospital or freestanding treatment center more than 100 miles from your home. Does not cover ambulance or physician's office or clinic visits for services other than treatment

**Family Member Lodging** - one adult family member to be with you while you are confined in a non-local hospital or freestanding treatment center. Not payable if family member lives within 100 miles one-way of the treatment facility. Up to 30 days per accident. Only payable if the Non-Local Transportation benefit is paid

**Accident Follow-Up Treatment<sup>3</sup>** - one treatment per day; must take place no longer than 6 months after the accident. Payable only if the policy Medical Expenses benefit is paid. Not payable for the same visit for which the Physical Therapy benefit is paid

**Hospital Intensive Care Unit Confinement<sup>\*\*</sup>** - up to 60 days for each period of continuous confinement

### OPTIONAL RIDER BENEFITS

**Sickness Disability Income Rider (Primary Insured Only)** - payable for total disability lasting at least 7 days; payable up to 6 months. Not paid for disability resulting from injury

**Outpatient Physician's Treatment Rider** - treatment outside the hospital. Payable up to 2 days per covered person, per calendar year and a maximum of 4 days per calendar year if dependents are covered. Covers sickness

## BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted

BASE POLICY BENEFITS		PLAN 1	PLAN 2
Accidental Death or Dismemberment <sup>1</sup>	Employee	\$20,000	\$30,000
	Spouse	\$10,000	\$15,000
	Children	\$5,000	\$7,500
Dislocation or Fracture <sup>1</sup>	Employee	\$2,000	\$3,000
	Spouse	\$1,000	\$1,500
	Children	\$500	\$750
Hospital Confinement (pays daily)		\$100	\$150
Disability (pays monthly)		\$600	\$900
Medical Expenses (pays up to amount shown)		\$250	\$375
Ambulance Services	Ground	\$100	\$150
	Air	\$200	\$300
BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2
Initial Hospitalization (per year)		\$1,000	\$1,000
Lacerations (per year)		\$50	\$50
Burns (% body surface)	< 15% body surface	\$100	\$100
	15% or more	\$500	\$500
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis (pays once)		\$150	\$150
Paralysis (pays once)	Paraplegia	\$7,500	\$7,500
	Quadriplegia	\$15,000	\$15,000
Coma with Respiratory Assistance (pays once)		\$10,000	\$10,000
Open Abdominal or Thoracic Surgery	Surgery	\$1,000	\$1,000
	Exploratory	\$100	\$100
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$500	\$500
	Exploratory	\$150	\$150
Ruptured Disc Surgery		\$500	\$500
Eye Surgery		\$100	\$100
Blood and Plasma		\$300	\$300
Appliance		\$125	\$125
Prosthesis	1 device	\$500	\$500
	2 or more devices	\$1,000	\$1,000
Physical Therapy (pays daily)		\$30	\$30
Non-Local Transportation (per trip)		\$300	\$300
Family Member Lodging (pays daily)		\$100	\$100
Accident Follow-Up Treatment (pays daily)		\$50	\$50
Hospital Intensive Care Unit Confinement (pays daily)		\$400	\$400
OPTIONAL OUTPATIENT PHYSICIAN'S TREATMENT RIDER		PLAN 1	PLAN 2
Outpatient Physician's Treatment Rider (pays daily)		n/a	\$75
OPTIONAL SICKNESS DISABILITY INCOME RIDER		PLAN 1+	PLAN 2+
Sickness Disability Income Rider (pays monthly)		\$600	\$900

<sup>1</sup>Up to amount shown; see Injury Benefit Schedule on next page. Multiple losses from same injury pay only up to amount shown above.

## PLAN 1 PREMIUMS

MODE	EE	F
Weekly	\$4.85	\$8.87
Bi-Weekly	\$9.70	\$17.74
Semi-Monthly	\$10.49	\$19.22
Monthly	\$20.98	\$38.44

## PLAN 1+ PREMIUMS

MODE	EE	F
Weekly	\$8.64	\$12.67
Bi-Weekly	\$17.28	\$25.34
Semi-Monthly	\$18.71	\$27.44
Monthly	\$37.42	\$54.88

## PLAN 2 PREMIUMS

MODE	EE	F
Weekly	\$9.38	\$17.82
Bi-Weekly	\$18.76	\$35.64
Semi-Monthly	\$20.32	\$38.60
Monthly	\$40.64	\$77.19

## PLAN 2+ PREMIUMS

MODE	EE	F
Weekly	\$15.07	\$23.51
Bi-Weekly	\$30.14	\$47.02
Semi-Monthly	\$32.65	\$50.93
Monthly	\$65.30	\$101.85

Issue ages: 18 to 64

EE = Employee; F = Family

Injury Benefit Schedule is on page 5

## INJURY BENEFIT SCHEDULE

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

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

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



## DEFINITIONS

### Disability and Sickness

#### Disability –

Due solely to injury (policy only) or solely to sickness (Sickness Disability Income 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 you are unable to engage in activities of persons of like age and good health.

#### Pregnancy –

Total disability resulting from pregnancy, childbirth, or complications is treated the same as any other sickness.

## POLICY SPECIFICATIONS

### Conditions and Limits

When an injury results in a covered loss within 90 days (180 days for dismemberment or death), unless otherwise stated on the Benefits page, from the date of an accident and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

### Dependent Eligibility/Termination

Coverage under the policy and riders (except the Sickness Disability Income Rider) may include you, your spouse and your children under age 26. Coverage under the Sickness Disability Income Rider includes you only. Coverage terminates at the end of the grace period or age 70. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon divorce.

## POLICY SPECIFICATIONS, continued

## PRE-EXISTING CONDITION LIMITATIONS

**Base Policy Only:** We do not pay benefits during the first 2 years of a person's coverage if caused by a pre-existing condition. A pre-existing condition is a condition (not revealed in the application) 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.

**Benefit Enhancement (AP3BER) Rider Only:** We do not pay benefits during the first year of a person's coverage if caused by a pre-existing condition. A pre-existing condition is a condition (not revealed in the application) 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.

**Sickness Disability Income (APDIRS/C) Rider Only:** We do not pay benefits during the first year of a person's coverage if caused by a pre-existing condition. A pre-existing condition is a condition (not revealed in the application) for which medical advice, diagnosis, care, or treatment was recommended by or received from a doctor within 1 year immediately preceding the effective date.

## EXCLUSIONS AND LIMITATIONS

**Base Policy (AP3) and Benefit Enhancement (AP3BER) Rider Only:** Benefits are not paid for: injuries resulting from an on-the-job accident; injuries incurred before the effective date; any act of war or participation in a riot, insurrection or rebellion; suicide or attempted suicide; injuries sustained as a result of being intoxicated or under the influence of narcotics, unless taken on the advice of a doctor; bacterial infections (except pyogenic infections from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; voluntary taking of poison or asphyxiation from or voluntary inhalation of gas or fumes; committing or attempting an assault or felony; driving in an organized or scheduled race or speed test or testing any vehicle on any racetrack or speedway; mental diseases or deficiencies unless from organic disease; dependent child participating in organized football; hernia, including complications; active Military service. Disability benefits for a back or intervertebral disc condition are limited to 3 months for any one injury.

**Sickness Disability Income (APDIRS/C) Rider:** Benefits are not paid for: any act of war or participation in a riot, insurrection or rebellion; attempted suicide; any loss sustained or contracted as a result of being under the influence of any narcotic unless taken on the advice of a doctor; alcoholism, drug addiction or dependence on any controlled substance; mental illness without organic disease; voluntary inhalation of gas or fumes.

**Outpatient Physician's Treatment Benefit (APOPTR1) Rider:** Benefits are not paid for: any act of war or participation in a riot, insurrection or rebellion; attempted suicide; any loss sustained or contracted as a result of being under the influence of any narcotic unless taken on the advice of a doctor; alcoholism, drug addiction or dependence on any controlled substance; mental illness without organic disease; voluntary inhalation of gas or fumes; dental or plastic surgery for cosmetic purposes, unless required to correct a disorder of normal body functions.

This brochure is for use in NC.

This material is valid as long as information remains current, but in no event later than August 3, 2023.

Accident benefits are provided under policy form AP3 or state variations thereof. Accident Rider benefits are provided under the following rider forms, or state variations thereof: Benefit Enhancement Rider AP3BER; Sickness Disability Income Rider APDIRS/APDIRC; and Outpatient Physician's Treatment Benefit Rider APOPTR1.

**The policy and riders provide limited benefit supplemental accident insurance.** The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply. This information highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. For additional information, you may contact your Allstate Benefits Representative. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

**The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.**



**Allstate**  
BENEFITS

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