



CA, DC, GA, KS, MI, TN, VA

plan enhancer

Coverage to help you pay out-of-pocket costs after an accident, critical illness or hospitalization.







Life can be unpredictable. And when it comes to our health, it's important to have the right plan to keep you covered financially if the unpredictable happens.

With Plan Enhancer from Allstate Health Solutions, you design an affordable plan that's just right for you and your family. You can add levels of coverage to help protect you from the out-of-pocket costs that often come with accidental injury.¹

If the unexpected happens, the plan pays cash benefits, regardless of other medical coverage. So you can cover what you need, when you need it most.

Coverage to fit your needs and budget

With benefit levels from \$2,500 to \$10,000.

 Accident Medical Expense coverage will pay accident-related health care costs and other expenses.

This plan provides limited benefits.

¹ Restrictions apply: Some plan combinations are not available with all benefit level options. Contact your agent for availability.

coverage details



Accident Medical Expense

- Pays covered expenses up to the selected benefit amount regardless of other coverage.²
- Treatment-specific limits on ground ambulance, physical medicine and durable medical equipment.
- Includes accidental death and dismemberment benefits.
- · Acceptance is guaranteed.

- \$250 deductible.3
- No network restrictions.
- No waiting period.
- Applicants must be 64 years of age or younger.
- Primary applicant must be 18 to 64 years of age

² AME benefit amount per accident is based on the Maximum Allowable Amount as outlined in the policy. ³ In Georgia, the deductible for the \$10,000 benefit option is \$500.





Accident Medical Expense

We will not pay benefits for any charges, dismemberment or death that result from or are related to an accident sustained prior to the effective date of the coverage under this policy, or claims resulting from or related to sickness. In addition, charges directly or indirectly resulting from any of the following are not covered:

- Medical event, treatment, services or supplies for which benefits equal to or in excess of such charges are received under any other benefits
- · Treatment, services or supplies that:
 - » Are not included in the covered treatment definition
 - » Are due to complications of a noncovered service
 - » Are incurred before the covered person's effective date or after the termination date of coverage
- Dental treatment except as otherwise covered for a dental injury
- Tendonitis, tenosynovitis, bursitis, overuse, strains, repetitive motions or stress, repetitive or cumulative traumas including, but not limited to, carpal tunnel syndrome, tennis elbow and thoracic outlet syndrome
- · Hernia or heat exhaustion
- Treatment of mental or emotional disorders, alcoholism, substance abuse and drug addiction
- Cosmetic service; treatment that is not medically necessary; treatment, services, and supplies for experimental or investigational services
- Treatment, services, and supplies provided for or by a masseur, masseuse or massage therapist, a rolfer; massage therapy; meditation or relaxation therapy; aromatherapy; holistic therapies; acupuncture, biofeedback, neurotherapy, and electrical stimulation
- Services or supplies ordered, directed, or performed by a health care practitioner or supplies purchased from a medical supply provider who is a covered person, an immediate family member, employer of a covered person or a person who ordinarily resides with a covered person
- Treatment incurred outside of the United States, its possessions or Canada
- All prescription and over-the-counter products, drugs or medicines

We will not pay benefits for accidental injury, accidental dismemberment, or accidental death resulting from or related to any of the following:

- An accident that occurred before the covered person's effective date or after the termination date of coverage
- · Participation in the military service
- · War or any act of war
- Voluntarily taking, absorbing, or inhaling any gas, poison, or drugs
- Voluntary use of alcohol or any controlled substance, as defined by statute, except when administered in accordance with the advice of the covered person's health care practitioner, including accidents that occur while the covered person is under the influence of alcohol or drugs
- · Participation in an assault or commission of a felony
- Any hazardous activity including, but not limited to:
 parachute jumping, hanggliding, bungee jumping, air
 or space travel in any vehicle other than a regularly
 scheduled flight by an airline, racing any motorized
 or non-motorized vehicle, including a pit crew, rock
 or mountain climbing, mountaineering, spelunking
 and cave exploration, parkour, intercollegiate sports
 and extreme sports. Also excluded are treatment and
 services required due to accidental injury received while
 practicing, exercising, undergoing conditioning or physical
 preparation for any such activity
- Any hazardous occupation or other activity for which
 compensation is received in any form, including
 sponsorship, such as, but not limited to: operating a taxi or
 delivery service; participating, instructing, demonstrating,
 guiding or accompanying others in skiing, horse riding,
 rodeo activities, professional or semi-professional sports,
 adult sporting competition at a national or international
 level and extreme sports. Also excluded are treatment and
 services required due to accidental injury received while
 practicing, exercising, undergoing conditioning or physical
 preparation for any such compensated activity
- · Suicide or attempted suicide
- · Intentionally self-inflicted injury

limitations and exclusions

Guaranteed Renewable Until Age 70 (age varies by state) - Renewal Premium Subject to Change - By timely payment of premium, You are guaranteed that We will renew this Policy until the date You reach age 70. Please refer to the Termination of Insurance Section. We will renew this Policy each time We receive the correct premium before the end of the grace period.

Each time this Policy is renewed, a new term begins. We may change premium rates for this Policy. The change may be due to a change in benefits or a new table of rates. We can only change the premium if We change it for all policies like Yours in Your state. We will send you written notice at least 45 days before any premium increase at Your last address as shown in Our records.

THIS IS NOT A MEDICARE SUPPLEMENT INSURANCE PLAN.

This document provides summary information. For a complete listing of benefits, exclusions and limitations, please refer to the Insurance policy. In the event there are discrepancies with the information in this document, the terms and conditions of the coverage documents will govern.





about

The Allstate Corporation (NYSE: ALL) is one of the largest publicly held personal lines insurers in the United States. As part of the Allstate Corporation, Allstate Health Solutions is focused on providing supplemental and short-term coverage options to individuals and associations. Allstate Health Solutions is the marketing name for products underwritten by National Health Insurance Company, Integon National Insurance Company, Integon Indemnity Corporation and American Heritage Life Insurance Company. These four companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia. Each underwriting company is responsible for its respective products. National Health Insurance Company underwrites policies in AK, AL, AR, AZ, CA, CO, DC, DE, GA, IA, IL, IN, KS, LA, ME, MI, MO, MS, MT, NC, ND, NE, NV, OH, OK, OR, SC, TN, TX, UT, VA, WI, WV, and WY. Products in FL are underwritten by Integon Indemnity Corporation.



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