



**Allstate**<sup>®</sup>  
HEALTH SOLUTIONS

COLORADO

# accident fixed-benefit

Cash benefits to help you  
cover out-of-pocket costs  
after an accident.



[allstatehealth.com](https://www.allstatehealth.com)



## an affordable insurance policy for unexpected costs

You never expect an accidental injury. And while you should be focused on healing, it's hard not to notice the bills piling up. That's why Allstate Health Solutions designed a insurance policy that makes it easier for you to pay expenses that often come with an injury.

Accident fixed-benefit coverage gives you a set cash benefit for each covered injury or service. And with things like hospital stays and rehab — those benefits really add up. Plus, we cover expenses other insurance policies don't. So you get more than expected, to help pay for the unexpected.

# coverage that's easy on you

## Cash benefits that really add up

<b>No waiting period</b>	Your benefits are available as soon as your insurance policy's effective date.
<b>Cash paid directly to you</b>	You can use the cash benefits any way you need to. Such as catching up financially from missed work.
<b>More benefits than other insurance policies</b>	We go above and beyond, and even pay for things like auto and medical deductibles.

## Your choice of provider

See any doctor or go to any hospital without network restrictions.

## Benefits without limits

There are no annual or lifetime limits on coverage. So you're covered, no matter how many accidents you have.

## Predictable, set payments

You know exactly what your insurance policy will pay for an ambulance, office visits, dental and more.

## Guaranteed coverage

With no health questionnaire, it's easy to add coverage. And insurance policies auto-renew each year, up to age 70.

# covered treatment and services

	Benefit amount (maximum \$15,000 per covered accident)
Hospital room and board	\$750 per day, subject to a 30-day maximum
Inpatient hospital services	\$750 per day, subject to a 15-day maximum
Ancillary hospital charges	\$150 per treatment or services up to five treatments or services
Outpatient surgical expenses	\$250 per visit, subject to a five visit maximum
Physician	\$50 per visit, procedure, or consultation, subject to eight visits, procedures or consultations
Medical equipment rental, services and supplies, artificial instruments, and rehabilitative braces and application	\$100
Dental	\$200
Eyeglasses, contact lenses, and hearing aids	\$50
Rehabilitation	\$150
	Benefit amount (maximum benefit period of one day)
Emergency room benefit amount	\$250 per day, per covered accident



**Benefit amount**  
(maximum \$10,000 per covered accident)

**Injury - must occur within 30 days of the covered accident**

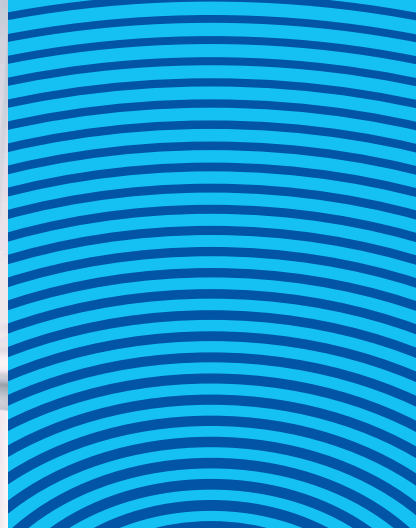
Concussion	\$100
Dislocation: hip, knee, wrist, elbow, ankle, shoulder blade, collarbone, or jaw	\$500

**Fractures:**

Hip, neck, skull – excluding nose, lower jaw, and teeth	\$2,500
Pelvis – excluding coccyx and sacrum	\$1,500
Thigh, lower leg, upper arm, forearm, shoulder blade	\$1,500
Elbow, heel, lower jaw, collar bone, wrist, kneecap, hand, and foot – excludes fingers, thumb, toes, heel, and ankle	\$1,000
Vertebrae – each Vertebral arch – excluding coccyx	\$1,500
Sternum	\$1500
Cheekbone	\$300
Coccyx	\$300
Ribs – each	\$500

**Ambulance:**

Ground	\$200 per trip per covered accident. Subject to a two-trip maximum
Air	\$3,000 per trip per covered accident. Subject to a one-trip maximum



## accidental death and dismemberment benefit

	Benefit received <sup>1</sup> (out of \$50,000 benefit amount)
Accidental death	\$50,000
Loss of both hands, both feet, or entire sight in both eyes	\$50,000
One hand and/or one foot	\$25,000
One hand or one foot and entire sight in one eye	\$25,000
Entire sight in one eye	\$12,500
Speech, or hearing in both ears	\$25,000
Hearing in one ear	\$12,500

<sup>1</sup> Benefits for dependent children are 50% of the dollar amount listed.

# limitations and exclusions

The Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
- committing or attempting to commit a felony or civil insurrection or while involved in an illegal occupation;
- acts of war, whether declared or not;
- traveling by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline, unless specifically provided in this Policy;
- loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state or jurisdiction in which the loss occurs;
- loss resulting from being under the influence of any drugs or narcotic unless administered on the advice of a Physician;
- while participating in or practicing for any team sport activity;
- while a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is to the extent it extends beyond 31 days;
- while flying in an ultra-light insurance policye, hang gliding, parachuting or bungee jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere;
- injuries sustained where a Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
- competing in motor sports races or competitions;
- testing cars or trucks on any racetrack or speedway;
- handling, storing or transporting explosives;
- participating in a rodeo; or
- Illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except bacterial infection due to an accidental cut or wound, botulism or ptomaine poisoning.
- With respect to any period of time a Covered Person is traveling on an air conveyance, this coverage applies only with respect to Covered Injuries sustained by the person:
  - while riding as a Passenger in or on (including getting in or out of, or on or off of):
  - any scheduled commercial airline;
  - any military air transport aircraft;
  - while operating or riding in or on (including getting in or out of, or on or off of) or by being struck or run down by any conveyance being used as a means of land or water transportation or by being struck or run down by an aircraft.

For the Accident Medical Benefit only, the Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

- Treatment by persons employed or retained by the Policyholder, or by any Immediate Family Member or member of the Covered Person's household;
- Treatment of hernia, Osgood-Schlatter's Disease, osteochondritis, appendicitis, osteomyelitis, cardiac disease or conditions, Pathological Fractures, congenital weakness, detached retina unless caused by a Covered Injury or Mental Disorder or psychological or psychiatric care/counseling or treatment (except as provided in the Policy), whether or not caused by a Covered Accident;
- Pregnancy, childbirth, miscarriage, abortion or any complication of childbirth, miscarriage or abortion unless due to a Covered Injury;
- Mental and Nervous Disorder (except as provided in the Policy);
- Charges for injuries caused while riding in or on, entering into or alighting from, or being struck by a 2 or 3- wheeled motor vehicle or a motor vehicle not designed primarily for use on public streets or highways;
- Participation in or practice for interscholastic tackle football, intercollegiate sports, semi-professional sports or professional sports (unless specifically covered under the Policy);
- Charges for which the Covered Person would not be responsible for in the absence of the Policy;
- Conditions that are not caused by a Covered Accident;
- Any elective treatment, surgery, health treatment or examination, (including any service, treatment or supplies);
- Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.);
- Cosmetic, plastic or restorative surgery except needed as a result of the Covered Injury;
- Any treatment, service or supply not specifically covered by the Policy;
- Personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental or guest meals;
- Routine physical examinations and related medical services, elective treatment or surgery or investigative treatments of procedures;
- Charges for rest cures or custodial care;
- Treatment in any Veteran's Administration, Federal or state facility, unless there is a legal obligation to pay; or
- Services or treatment provided by an infirmary operated by the Policyholder.



**Guaranteed Renewable Until Age 70 - 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.

## TERMINATION OF INSURANCE

### Termination of Your Coverage

Your coverage will terminate on the earliest of the following dates:

- Midnight on the last day of the grace period, if premium is not paid by the end of the grace period;
- The date You ask Us to end Your coverage;
- The date You reach age 70; or
- The date You die.

### When Coverage Ends on Your Spouse Domestic Partner and/or Dependent Children

If this is Named Insured and Spouse Domestic Partner coverage, coverage on Your Spouse Domestic Partner will end:

- When Your coverage terminates;
- If the premiums are not paid for Your Spouse Domestic Partner when they are due;
- On the date You asks Us to end Your Spouse's Domestic Partner's coverage;
- On the date the next premium payment is due after You becomes divorced from his or her Spouse Domestic Partner; or
- On the date the Insured Spouse Domestic Partner reaches age 70.

If this is family coverage, coverage on Your Dependent Children will end:

- When Your coverage terminates;
- If the premium is not paid for Your Dependent Children when it is due; or
- On the date You ask Us to end Your Dependent coverage.

Coverage will end for each Dependent Child on the date he first reaches 26 years of age. It is Your responsibility to notify Us if any Dependent Child no longer qualifies as an eligible Dependent Child. If this is family coverage and all of the Dependent Children no longer qualify as eligible Dependent Children and We are not notified, the extent of Our liability will be to refund premium for the time period for which they did not qualify. Coverage will not end on a Dependent Child who reaches the limiting age if that child is incapable of self-sustaining employment by reason of developmental disability or physical disability, and who became so incapable prior to the attainment of the age at which Dependent coverage would otherwise terminate and who is dependent upon You for support and maintenance. Proof of the disability and/or dependency must be furnished to Us within 31 days of the child's attainment of the limiting age and subsequently, as may be required by Us. However, proof will not be required more often than annually after the first two years following the child's attainment of the limiting age.





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## 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. National Health Insurance Company has been rated as A- (Excellent) by A.M. Best. 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, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WI, WV, and WY. Integon National Insurance Company underwrites policies in CT. Policies in FL are underwritten by Integon Indemnity Corporation.



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