



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

## accident fixed-benefit

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



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



## an affordable plan 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 plan 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, broken arms, and rehab — those benefits really add up. Plus, we cover expenses other plans 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 plan will pay for an ambulance, office visits, dental and more.

## Guaranteed coverage

With no health questionnaire, it's easy to add coverage. And plans 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 <sup>1</sup>	\$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 <sup>1</sup> , procedures or consultations
Medical equipment rental, services and supplies, artificial instruments, and rehabilitative braces and application	\$100
Dental <sup>1</sup>	\$200
Eyeglasses, contact lenses, and hearing aids	\$50
Rehabilitation <sup>1</sup>	\$150
	Benefit amount (maximum benefit period of one day)
Emergency room benefit amount	\$250 per day, per covered accident

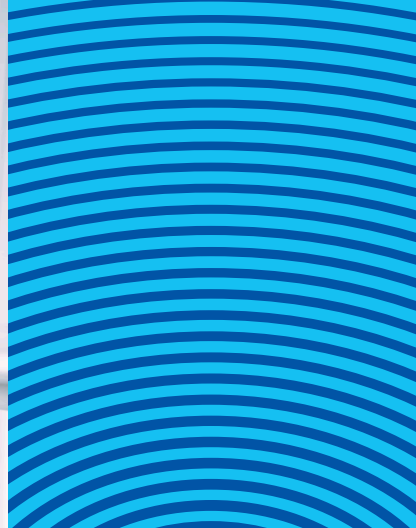
<sup>1</sup> Benefit amounts vary in NJ and TN. Please refer to state specific Schedule of Benefits for exact amounts.



		Benefit amount (maximum \$10,000 per covered accident)
<b>Injury - must occur within 30 days of the covered accident</b>		
Concussion		\$100
Dislocation <sup>2</sup> : hip, knee, wrist, elbow, ankle, shoulder blade, collarbone, or jaw		\$500
<b>Fractures<sup>3</sup>:</b>		
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
<b>Ambulance<sup>3</sup>:</b>		
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

<sup>2</sup> Fracture and dislocation benefits vary for NH. Please refer to state specific Schedule of Benefits for exact amounts.

<sup>3</sup> In CT, the Ambulance benefit will be paid based on the CT Department of Health's determined rate.



## accidental death and dismemberment benefit

	Percent (of \$50,000 benefit amount)
Loss of both hands, both feet, or entire sight in both eyes	100%
One hand and/or one foot	50%
One hand or one foot and entire sight in one eye	50%
Entire sight in one eye	25%
Speech or hearing in both ears	50%
Hearing in one ear	25%

# 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 Certificate;
- 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 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 plane, 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;
- 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 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, except for Medicaid;
  - Conditions that are not caused by a Covered Accident;
  - Any elective treatment, surgery, health treatment or examination, (including any service, treatment or supplies);



# limitations and exclusions

- 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;
- Services or treatment provided by an infirmary operated by the Policyholder.

In addition to the General Exclusions stated in the Policy, We will not cover charges under this benefit for a hernia, however caused.

This brochure provides a summary of benefits, limitations and exclusions. In certain states, an outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of the health benefit plan. Please read the coverage documents carefully for a complete listing of benefits, limitations and exclusions. Benefits vary by state.

Coverage is renewable to age 70; provided there is compliance with plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or National General's business operations in the state; and/or the insured has not moved to a state where this plan is not offered. National General has the right to change premium rates upon providing appropriate notice.

**SUPPLEMENTAL COVERAGE PLANS PROVIDE LIMITED BENEFITS AND DO NOT SATISFY THE GOVERNMENT'S REQUIREMENTS FOR MINIMUM ESSENTIAL COVERAGE.**



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

## 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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FOR USE IN: AK, AL, AR, AZ, CA, CT, DC, DE, HI, IA, IL, IN, KS, KY, LA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OK, OR, PA, RI, SC, SD, TN, TX, UT, WI, WV, and WY.

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