



BE WELL. BE SMART. BE PROTECTED.

accident insurance

with Expanded Benefits

on- or off-the-job including a disability income benefit plus an optional rider

An accident can wreak havoc on your savings if you're not prepared. That's why there's accident insurance. It gives you a cushion to help cover medical expenses and living costs when you get hurt unexpectedly.

On average there are 11 unintentional-injury deaths and about 2,330 disabling injuries every hour during the course of a year.¹ Nearly 1 in 8 people sought medical attention or suffered at least one day of activity restriction because of an injury.¹

Accident insurance can pay you a lump sum benefit for on- or off-the-job accidental injuries, plus some medical benefits. Because accident insurance is supplemental, it works in addition to other insurance you may have. You can use the policy on its own or to fill a gap left by your other coverage.

- Benefits paid directly to you unless assigned
- Benefits paid regardless of other coverage
- Coverage for you, or you and your family
- Guaranteed renewable to age 70, subject to change in premiums by class

Would your finances survive an accidental injury?

1. *Injury Facts*, National Safety Council, 2003.



Allstate

Allstate's AP2 Accident Policy Benefits

When you buy this accident insurance, you pick Silver, Gold or Platinum coverage. You can choose the amount of coverage to fit your budget or to ensure a certain benefit amount for covered injuries. **Benefit amounts shaded in blue are the same for any covered insured.**

Wellness Plus (APOPTR1)	COVERED	SILVER	GOLD	PLATINUM
The Outpatient Physician's Treatment Benefit Rider (APOPTR1) is included with the Gold and Platinum packages and pays the amount shown when a covered person is treated by a physician outside of a hospital. This benefit is limited to 2 visits per calendar year, per covered person; and a maximum of 4 visits per calendar year if the policy is in force as family coverage. Treatment can be for sickness, annual wellness exams, or other visits to a physician outside of a hospital.	Insured			
	Spouse Children	n/a	\$25/visit	\$50/visit
Policy Benefits	COVERED	SILVER	GOLD	PLATINUM
Loss of Life or Limbs - We pay the maximum amount shown for death. Loss of limb benefit amounts are based on injury (see Injury Benefit Amounts chart). If an accident occurs while a covered person is a fare paying passenger on a scheduled common carrier, we pay a benefit equal to 3 times the amount shown.	Insured	up to \$20,000	up to \$30,000	up to \$40,000
	Spouse Children	\$10,000 \$5,000	\$15,000 \$7,500	\$20,000 \$10,000
Dislocation or Fracture - We pay up to maximum amount shown. Amount paid based on injury (see Injury Benefit Amounts chart). No benefit will be paid for any dislocation or fracture that is not listed in the Injury Benefit Amounts chart.	Insured	up to \$2,000	up to \$3,000	up to \$4,000
	Spouse Children	\$1,000 \$500	\$1,500 \$750	\$2,000 \$1,000
Hospital Confinement - We pay the amount shown for each day a covered person is admitted to and confined as an inpatient in a hospital as a result of an injury up to a maximum of 90 days for each period of continuous hospital confinement. ²	Insured			
	Spouse Children	\$100/day	\$150/day	\$200/day
Ambulance (needed as a result of accidental injury) - We pay the amount shown for transfer to or from a hospital by regular ambulance. We pay the amount shown for transfer to or from a hospital by air ambulance.	Insured	regular \$100	regular \$150	regular \$200
	Spouse Children	air \$200	air \$300	air \$400
Medical Expenses - We pay up to amount shown for doctor fees, x-rays, and emergency services required as a result of an injury, and repair to sound natural teeth, if diagnosed by a licensed dentist to be a result of the accident. ²	Insured			
	Spouse Children	up to \$250	up to \$375	up to \$500
Disability (Primary Insured Only) - We pay the amount shown when the primary insured employee is totally disabled for 3 full days; payable for only one disability at a time; maximum benefit period 6 months . For any period of disability less than one full month, 1/30th of the monthly disability amount is paid for each day of total disability. The primary insured is totally disabled when, due to an accidental injury as defined in the policy, is under the care of a physician, unless the physician states that no further treatment is needed; and is not able to do every important duty of his or her regular job (if the primary insured is retired he or she must be unable to engage in the normal and necessary activities of a retired person of like age and good health); and is not working at any job for pay or profit.	Insured Only	\$600/mo.	\$900/mo.	\$1,200/mo.
Benefit Enhancement Rider (AP2BER)	COVERED	SILVER	GOLD	PLATINUM
The Benefit Enhancement Rider (AP2BER) is packaged with the base policy and pays the following benefits: ² Accident Follow-Up Treatment Benefit - We pay the amount shown each day a covered person receives follow-up treatment provided a benefit is paid under the Medical Expenses Benefit in the policy. We pay for one follow-up treatment per day up to a maximum of 2 treatments per covered accident per covered person. Treatments must be administered by a physician in a physician's office or in a hospital on an outpatient basis. Treatment must be for a covered accident and must: begin within 90 days of the covered accident; and take place no longer than 6 months after the covered accident. Benefit is not payable for the same visit for which the Physical Therapy Benefit is paid.	Insured			
	Spouse Children		\$50/visit	

² Coverage only for hospitals and treatment in the US or its territories

Benefit Enhancement Rider (AP2BER)	COVERED	SILVER	GOLD	PLATINUM
<p>Physical Therapy Benefit - We pay the amount shown each day a covered person receives physical therapy treatment provided a benefit is paid under the Medical Expenses Benefit in the policy. We pay for one physical therapy treatment per day up to a maximum of 6 treatments per covered accident per covered person. Physical therapy must be for injuries sustained in a covered accident and must: begin within 90 days of the covered accident; and take place no longer than 6 months after the covered accident. Benefit is not payable for the same visit for which the Accident Follow-Up Treatment Benefit is paid.</p>	Insured Spouse Children	\$30/day		
<p>Lacerations Benefit - We pay the amount shown for lacerations (cuts) treated by a physician within 3 days after the accident. Benefit is payable only once per covered person per calendar year.</p>	Insured Spouse Children	\$50/year		
<p>Tendon, Ligament, Rotator Cuff, or Knee Cartilage Surgery Benefit - We pay the amount shown for an injured tendon, ligament, rotator cuff, or knee cartilage. The injured site must be torn, ruptured, or severed and surgically repaired by a physician within 180 days of the covered accident. If exploratory surgery using arthroscopy is done and no surgical repair is done we pay the amount shown. This benefit is not paid if the Ruptured Disc Benefit is paid for a covered accident.</p>	Insured Spouse Children	\$500/injury \$150/expl.surgery		
<p>Ruptured Disc Surgery Benefit - We pay the amount shown for a ruptured disc of the spine. The ruptured disc must be diagnosed and surgically repaired by a physician within 180 days of the covered accident. This benefit is not paid if the Tendon, Ligament, Rotator Cuff, or Knee Cartilage Benefit is paid for a covered accident.</p>	Insured Spouse Children	\$500		
<p>Appliance Benefit - We pay the amount shown for prescribed medical appliances as an aid in personal locomotion or mobility: wheelchair; or crutches; or walker. The use must begin within 90 days after a covered accident. Payable only once per covered person per covered accident.</p>	Insured Spouse Children	\$125		
<p>Non-local Transportation Benefit - We pay the amount shown per trip for non-local treatment at a hospital or other specialized freestanding treatment center nearest to the covered person's home provided treatment is prescribed by a physician and the same or similar treatment cannot be obtained locally. "Non-local" means a one-way trip of 100 miles or more from the covered person's home to the nearest treatment facility. We do not pay for visits to a physician's office or clinic or for services other than actual treatment. Payable up to 3 times per covered accident. Transportation by ground or air ambulance is not covered.</p>	Insured Spouse Children	\$300/trip		
<p>Family Member Lodging Benefit - We pay the amount shown for the lodging of one adult family member of the covered person's family to be with the covered person when a covered person is confined in a non-local hospital or specialized freestanding treatment center for treatment. Payable for up to 30 days for each covered accident. This benefit is only payable if the Non-local Transportation Benefit is paid. This benefit will not be paid if the family member lives within 100 miles one-way of the treatment facility.</p>	Insured Spouse Children	\$100/day		
<p>Brain Injury Diagnosis Benefit - We pay the amount shown upon the first diagnosis of one of the following traumatic brain injuries: concussion; cerebral laceration; cerebral contusion; or intracranial hemorrhage. The covered person must be first treated by a physician within 3 days of the covered accident. Diagnosis by computed tomography (CT) scan, magnetic resonance imaging (MRI), electroencephalogram (EEG), positron emission, tomography (PET) scan, or X-ray must occur within 30 days of the injury. This benefit is payable only once per covered person.</p>	Insured Spouse Children	\$150		
<p>Eye Surgery Benefit - We pay the amount shown for surgery or removal of a foreign object from the eye. The procedure must be performed by a physician to treat a covered injury within 90 days of the accident. An examination with or without anesthesia is not considered surgery. This benefit is payable only once per covered person per covered accident.</p>	Insured Spouse Children	\$100		
<p>Burns Benefit - We pay the amount shown if a covered person receives one or more second or third degree burns over the body surface,* other than sun burns, which are treated by a physician within 3 days after a covered accident. We pay the applicable amount only once per covered person per covered accident.</p>	Insured Spouse Children	\$100 if burns cover less than 15%* \$500 if burns cover 15% or more*		

Benefit Enhancement Rider (AP2BER)		COVERED	SILVER	GOLD	PLATINUM
<p>Skin Graft Benefit - We pay the amount shown if a covered person receives a skin graft for a burn for which a benefit is paid under the Burns Benefit. The skin graft must be performed by a physician to treat a covered injury within 90 days of the covered accident. This benefit is payable only once per covered person per covered accident.</p> <p>Initial Hospitalization Benefit - We pay the amount shown on the first confinement to a hospital during a calendar year as a result of a covered accident, provided a benefit is paid under the Hospital Confinement Benefit in the policy. The covered person must be confined to a hospital within 3 days after the covered accident. This benefit is payable only once per covered person per hospital confinement and only once per calendar year.</p> <p>Blood and Plasma Benefit - We pay the amount shown for blood or plasma. The blood transfusion must be received within 3 days of the covered accident. This benefit is payable only once per covered person per covered accident.</p> <p>Hospital Intensive Care Unit Confinement Benefit - We pay the amount shown each day a covered person is confined in a hospital intensive care unit. The covered person must be confined to a hospital intensive care unit within 3 days after the covered accident. This benefit is paid for up to 60 days for each continuous hospital intensive care confinement. If confinement is for only a portion of a day, then a pro-rata share of the daily benefit is paid.</p> <p>Open Abdominal or Thoracic Surgery Benefit - We pay the amount shown if a covered person undergoes open abdominal or thoracic surgery to repair internal injuries received as a result of a covered accident. The surgery must be performed within 3 days of the covered accident. If exploratory surgery is done and no surgical repair is done, then we will pay the amount shown.</p> <p>Prosthesis Benefit - We pay the amount shown for a prosthetic hand, foot, or eye prescribed by a physician. This benefit is paid only if a benefit is paid for the loss of a hand, foot or eye under the Accidental Dismemberment benefit in the policy. The device(s)* must be received within 180 days of a covered accident. This benefit is payable only once per covered person per covered accident.</p> <p>Paralysis Benefit - We pay the amount shown if a covered person receives a spinal cord injury resulting in the complete and permanent loss of use of two or more limbs. Paralysis must be confirmed by the attending physician within 3 days of the covered accident and last for at least 90 consecutive days. This benefit is payable only once per covered person.</p> <p>Coma with Respiratory Assistance Benefit - We pay the amount shown if a covered person is in a coma as defined in the rider which lasts 7 or more consecutive days as a result of a covered accident. This benefit is payable only once per covered person.</p>	Insured Spouse Children	50% of burn benefit			
	Insured Spouse Children	\$1,000			
	Insured Spouse Children	\$300			
	Insured Spouse Children	\$400/day			
	Insured Spouse Children	\$1,000/surgery \$100/expl. surgery			
	Insured Spouse Children	\$500-1 device* \$1,000-2 or more devices*			
Insured Spouse Children	\$7,500 - paraplegia \$15,000 - quadriplegia				
Insured Spouse Children	\$10,000				

Premiums for Accident Policy (AP2) with the Benefit Enhancement Rider (AP2BER) and Wellness Plus Rider (APOPTR1) SILVER Plan has 1 unit of AP2 and 1 unit of AP2BER. GOLD Plan has 1.5 units of AP2, 1 unit of AP2BER and a 0.5 unit of APOPTR1. PLATINUM Plan has 2 units of AP2, 1 unit of AP2BER and 1 unit of APOPTR1.

SILVER	GOLD	PLATINUM
Monthly	Monthly	Monthly
ind. \$26.12	ind. \$39.86	ind. \$53.59
family \$48.34	family \$74.27	family \$100.21

SILVER	GOLD	PLATINUM
Annual	Annual	Annual
ind. \$301.19	ind. \$459.63	ind. \$618.07
family \$557.55	family \$856.75	family \$1,155.94

Issue Ages: 21-64

Injury Benefit Amounts

The list below shows covered injury benefits for GOLD coverage and one occurrence. Benefits for SILVER coverage are two-thirds of the amounts shown. Benefits for PLATINUM coverage are one-and-one-third of the amounts shown. A covered spouse gets 50% of the amounts shown; covered children get 25% of the amount shown. *An example:* If you buy GOLD coverage and break your ankle, you'll receive \$1,200, which is the amount on the chart. If you had PLATINUM coverage, you'd get \$1,600 for a broken ankle.

FOR THE LOSS OF:		FOR COMPLETE DISLOCATION OF:		FOR COMPLETE, SIMPLE OR CLOSED FRACTURE OF BONE OR BONES OF:			
Life, or both eyes, or both hands or arms, or both feet or legs, or one hand or arm and one foot or leg	\$30,000	Hip joint	\$3,000	Hip, thigh (femur), pelvis**	\$3,000	Two or more ribs, fingers or toes, bones of face or nose	\$450
One eye, or one hand or arm, or one foot or leg	\$15,000	Knee joint*, bone or bones of the foot*, ankle joint	\$1,200	Skull**	\$2,850	One rib, finger or toe, Coccyx	\$210
one or more entire toes	\$1,500	Wrist joint	\$1,050	Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$1,650		
one or more entire fingers	\$1,200	Elbow joint	\$900	Ankle, knee cap (patella), collarbone (clavicle), forearm (radius or ulna)	\$1,200		
		Shoulder joint	\$600	Foot**, hand or wrist**	\$1,050		
		Bone or bones of the hand*, Collarbone	\$450	Lower jaw**	\$600		
		Two or more fingers or toes	\$210				
		One finger or toe	\$90				

*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).

You can choose to enhance your accident policy by adding the Optional Sickness Disability Income Rider (APDIRS). The number of units and the plan selected for the accident rider is equal to the number of units and plan selected for the accident insurance policy.

Optional Sickness Disability Income Rider (APDIRS)	COVERED	SILVER	GOLD	PLATINUM
<p>(Primary Insured Only) - After the 7-day elimination period (which is not retroactive), we pay the amount shown each month up to a maximum of 6 months when the primary insured is totally disabled as described below. For total disability less than one full month, and for which this benefit is payable, 1/30th of the monthly disability income amount is paid for each day.</p> <p>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 consecutive months preceding the commencement of such total disability. Total disability resulting from complications of pregnancy or childbirth are treated the same as any other sickness.</p> <p>The primary insured is totally disabled when, due solely to sickness, is under the care of a physician, unless the physician states no further treatment is needed; and is not able to perform all the substantial and material duties of his or her principal occupation; and is not working at any job for pay or profit. (If the primary insured is retired, he or she must be unable to engage in the normal and necessary activities of a retired person of like age and good health.)</p>	Insured Only	\$600/mo.	\$900/mo.	\$1,200/mo.

Premiums for Accident Policy (AP2) with the Benefit Enhancement Rider (AP2BER); Wellness Plus Rider (APOPTR1); and Optional Sickness Disability Income Rider (APDIRS) SILVER Plan has 1 unit of AP2, 1 unit of AP2BER, and 1 unit of APDIRS. GOLD Plan has 1.5 units of AP2, 1 unit of AP2BER, 0.5 unit of APOPTR1, and 1.5 units of APDIRS. PLATINUM Plan has 2 units of AP2, 1 unit of AP2BER, 1 unit of APOPTR1, and 2 units of APDIRS.

SILVER	GOLD	PLATINUM
Monthly	Monthly	Monthly
ind. \$42.56	ind. \$64.52	ind. \$86.47
family† \$64.78	family† \$98.93	family† \$133.09

SILVER	GOLD	PLATINUM
Annual	Annual	Annual
ind. \$490.87	ind. \$744.15	ind. \$997.43
family† \$747.23	family† \$1,141.27	family† \$1,535.30

Issue Ages: 21-50 † Only the primary insured is covered under the Optional Sickness Disability Income Rider.

Eligibility/ Family Policies/ Termination - Family coverage includes you, your spouse, and dependent children as defined in the policy (including an unmarried child of the policyholder's child if such child is younger than 25 years of age and is a dependent of the policyholder for federal income tax purposes at the time of application for coverage of such child). If you die while you have family coverage in force, the policy will continue with your spouse as the primary insured person. If your spouse is covered, his/her coverage ends upon a valid decree of divorce. If your child is covered, his/her coverage ends on the policy anniversary following the date the child is no longer eligible, which is the earlier of when he/she marries, is no longer living with you or turns 25.

Renewability - The policy is guaranteed renewable until age 70, subject to change in premiums by class.

Timing of Policy Benefits - We provide benefits if a covered person sustains an injury which results in a covered loss within 90 days (180 days for dismemberment or death) from the date of the accident. Coverage is effective on the date assigned by the home office and shown on your actual policy.

Exclusions and Limitations That Apply to Policy AP2 and Rider AP2BER - If more than one dismemberment, dislocation or fracture is sustained in any one injury, the total amount we will pay will not exceed the maximum amount shown in the Benefits section. We do not cover any loss as a result of: injuries incurred before the policy date, subject to the Incontestability Provision; or any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or suicide or any attempt at suicide, whether sane or insane; or any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a doctor; or any bacterial infections (except food poisoning and pyogenic infections that occur with and through an accidental cut or wound); or participation in any form of aeronautics except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or voluntary taking of poison or asphyxiation from or voluntary inhalation of gas or fumes; or committing or attempting to commit a felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or injuries sustained by a dependent child while practicing for or participating in an organized competitive football game; or hernia, including complications due to hernia; or injuries incurred while serving as an active member of the Military, Naval or Air Forces of any country or combination of countries. Upon notice and proof of service in such forces we will return the pro-rata portion of the premium paid for any period of such service.

Termination Provision for All Riders - The riders terminate and are no longer in force on the earliest of: the end of the grace period for the payment of the premium for the policy or the rider; or the date the policy terminates; or the next renewal date after the insured's request to terminate the rider.

Exclusions and Other Limitations That Apply to Riders APDIRS and APOPTR1 - The riders do not pay benefits for sickness (conditions - APOPTR1) caused by or resulting from: any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or attempted suicide, while sane or insane; or being under the influence of alcohol, narcotics or any other controlled substance or drug unless administered upon the advice of a physician (or any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic unless administered upon the advice of a physician - APDIRS); or alcoholism, drug addiction or dependence upon any controlled substance; or mental illness without demonstrable organic disease; or voluntary inhalation of gas or fumes.

In addition to the exclusions and limitations listed above, rider APOPTR1 has the following exclusion and limitation: dental or plastic surgery for cosmetic purposes, unless the surgery is required to correct a disorder of normal body functions.

Riders APDIRS and AP2BER Contain a Pre-existing Condition Limitation - A pre-existing condition is a condition which manifests itself within 1 year prior to the effective date of coverage or for which medical advice or treatment was recommended by or received from a physician in the 1 year period prior to the effective date of coverage. If the insured has a pre-existing condition, we will not pay benefits for such condition during the 1 year period beginning on the rider date, unless the condition: was disclosed without material misrepresentation in answer to questions in the application for the rider; and is not excluded by name or specific description.

The policy is a Limited Benefit Accident Policy with an Optional Rider.

This brochure is for use in Texas.

Rev. 5/05 Accident insurance benefits provided by policy AP2 or state variations thereof. AP2 is an accident only policy and does not pay benefits for sickness. Benefit Enhancement Rider provided by rider AP2BER, or state variations thereof. Outpatient Physician's Treatment Rider provided by rider APOPTR1, or state variations thereof. Sickness Disability Income Rider provided by rider APDIRS, or state variations thereof. The policy and riders are underwritten by American Heritage Life Insurance Company. This brochure highlights some features of the policy and riders but is not the insurance contract. Only the actual policy and rider provisions control. The policy and riders set forth, in detail, the rights and obligations of both the insured and the insurance company. The policy and riders are not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from us.

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