

Accident (AP6)

On- and Off-the-Job Accident Insurance

from Allstate Benefits

Offered to the employees of:
Prepared Benefits

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFITS		PLAN 1	PLAN 2
Initial Hospital Confinement (once per year)		\$1,000	\$2,000
Daily Hospital Confinement (daily)		\$200	\$400
Intensive Care (daily)		\$400	\$800
RIDER BENEFITS		PLAN 1	PLAN 2
Accident Treatment and Urgent Care Rider			
Ambulance	Ground	\$100	\$200
	Air	\$300	\$600
Accident Physician's Treatment		\$50	\$100
X-ray		\$100	\$200
Urgent Care		\$50	\$100
Dislocation or Fracture Rider ¹		\$2,000	\$4,000
Emergency Room Services Rider		\$100	\$200
OPTIONAL/ADDITIONAL RIDERS		PLAN 1	PLAN 2
Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider (daily)		\$25.00	\$50.00
Accidental Death*, Dismemberment ¹ ,* and Functional Loss ¹ ,* Rider		\$20,000	\$20,000
Common Carrier Accidental Death (fare-paying passenger)		\$50,000	\$50,000
ADDITIONAL BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2
Accident Follow-Up Treatment (daily)		\$50	\$100
Lacerations		\$50	\$100
Burns	< 15% of body surface	\$100	\$200
	15% or more	\$500	\$1,000
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis		\$300	\$600
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (Pays once per year)		\$50	\$100
Paralysis (Pays once)	Paraplegia	\$7,500	\$15,000
	Quadriplegia	\$15,000	\$30,000
Coma with Respiratory Assistance		\$10,000	\$20,000
Open Abdominal or Thoracic Surgery		\$1,000	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$500	\$1,000
	Exploratory	\$150	\$300
Ruptured Disc Surgery		\$500	\$1,000
Eye Surgery		\$100	\$200
General Anesthesia		\$100	\$200
Blood and Plasma		\$300	\$600
Appliance		\$125.00	\$250.00
Medical Supplies		\$5.00	\$10.00
Medicine		\$5.00	\$10.00
Prosthesis	1 device	\$500	\$1,000
	2 or more devices	\$1,000	\$2,000
Physical, Occupational or Speech Therapy (Pays daily)		\$30	\$60
Rehabilitation Unit (daily)		\$100	\$200
Non-Local Transportation		\$250	\$500
Family Member Lodging (daily)		\$100	\$200
Post-Accident Transportation (Pays once per year)		\$200	\$400
Broken Tooth		\$100	\$200
Residence/Vehicle Modification		\$500	\$1,000
Pain Management (Epidural Injection)		\$50	\$100
Miscellaneous Outpatient Surgery		\$100	\$200

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$2.16	\$4.32	\$5.44	\$6.91
Monthly	\$9.34	\$18.69	\$23.56	\$29.91

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$4.10	\$8.20	\$10.38	\$13.31
Monthly	\$17.77	\$35.53	\$44.97	\$57.67

EE=Employee; EE + SP = Employee + Spouse;

EE + CH = Employee + Child(ren); F = Family

Issue ages: 18 to 99

*Each benefit pays the amount shown.

¹Up to amount shown; actual amount paid depends on injury and is based on Schedule of Benefits and Factors in your rider(s). Multiple losses from same injury pay only up to amount shown above.

For Internal Home Office use only

Opt 1 - 2AP6; 1AP6DF; 1AP6AUC; 1AP6ERS; 1AP6ADD; 1AP6BER; 1AP6OPH

Opt 2 - 4AP6; 2AP6DF; 2AP6AUC; 2AP6ERS; 1AP6ADD; 2AP6BER; 2AP6OPH



For use in: Florida

This rate insert is part of the AP6 Brochure for Prepared Benefits and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than February 23, 2024. Allstate

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