

COLORADO

plan enhancer

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



build a better policy for unexpected medical costs



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

With Plan Enhancer from Allstate Health Solutions, you design an affordable policy 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 policy 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 policy provides limited benefits.

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



Accident Medical Expense

- Pays covered expenses up to the selected benefit amount regardless of other coverage.
- Treatment-specific limits on ground ambulance, physical medicine and durable medical equipment.
- Includes accidental death and dismemberment benefits.
- Acceptance is guaranteed.
- \$250 deductible.
- 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

limitations and exclusions



Accident Medical Expense

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;
 - Injuries covered by Worker's Compensation, Employer Liability Law, or Occupational Disease Act or Law;
 - 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;
 - While driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATVs);
 - 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 incurred for treatment of temporomandibular or craniomandibular joint dysfunction and associated myofascial pain (except as provided by 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);

limitations and exclusions

- 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);
 - Charges payable by any automobile insurance Policy without regard to fault (This exclusion does not apply in any state where prohibited);
 - Treatment of injuries that result over a period of time (such as blisters, tennis elbow, etc.);
 - Blood, blood plasma or blood storage[except charges by a Hospital for processing, or administration of blood;
 - 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;
 - A Medical Repatriation;
 - 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.
- If this is Named Insured and Spouse coverage, coverage on Your Spouse will end:
 - When Your coverage terminates;
 - If the premiums are not paid for Your Spouse when they are due;
 - On the date You asks Us to end Your Spouse's coverage, provided We have received 30 days advance written notification of such request;
 - On the date the next premium payment is due after You becomes divorced from his or her Spouse ; or
 - On the date the Insured Spouse 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 provided We have received 30 days advance written notification of such request.
 - 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.

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, provided We have received 30 days' advance written notification of such request;
 - The date You reach age 70; or
 - The date You die.
- When Coverage Ends on Your Spouse and/or Dependent Children

limitations and exclusions



Hospital - A short-term, acute general Hospital that:

1. Is primarily engaged in providing to inpatients, by or under continuous supervision of Physicians, diagnostic and therapeutic services for diagnosis, treatment and care of injured or sick person;
2. Has organized departments of medicine and major surgery;
3. Has a requirement that every patient must be under the care of a Physician or dentist;
4. Provides 24-hour nursing care by or under the supervision of registered nurses (RNs);
5. Has in effect a Hospital review plan applicable to all patients, which meets at least the standards set forth in Section 1861(k) of the United States Public Law 89-97 (42 USCA 1395x[k]);
6. Is duly licensed by the agency responsible for licensing such Hospitals; and
7. Is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for the treatment of drug addicts or alcoholics, or a place for convalescent, custodial, educational or rehabilitary care.

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 A LIMITED BENEFIT HEALTH COVERAGE POLICY AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

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.



Allstate[®]

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. 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.



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

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For use in: CO

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