



What you do every day
may lead to an accident.



SPORTS



TRAVEL



WORK



VACATION

Accident Insurance

Helps cover costs associated with injury treatments

Accident coverage from Allstate Benefits pays cash benefits for either on- or off-the-job (AP5NY) accidental injuries, and can help cover the costs associated with injury treatments.

Allstate Life Insurance
Company of New York



Allstate[®]
BENEFITS

accident

Unexpected accidents can also mean unexpected out-of-pocket expenses. Hospital stays, medical or surgical treatments, dislocations or fractures, and transportation by air or ground ambulance can add up quickly and be very costly. Our coverage can help with some of these expenses so your finances can remain healthy.

Accident coverage can help offer peace of mind when you are injured and seek medical treatment. Below is an example of how benefits might be paid.*



John Chooses Accident Coverage
from the plans offered



John is on his way to work and is involved in an auto accident. He suffers injuries and is taken to the hospital by ground ambulance

Services In and Out of the Hospital

In Hospital: John undergoes surgery to repair his rotator cuff, receives stitches for lacerations, and is visited by a doctor during a 2-day stay in the hospital.

Out of Hospital: A family member drives John 150 miles to a treatment center to receive physical therapy 6 times, plus a follow-up visit with his doctor.

Our accident insurance policy paid in addition to John's medical benefits:

Ambulance (ground)	\$ 600
Emergency Room Services	\$ 300
Initial Hospital Confinement	\$ 2,250
Hospital Confinement	\$ 300
Rotator Cuff Surgery	\$ 1,500
Physical Therapy	\$ 900
Non-Local Transportation	\$ 3,600
Follow-Up Treatment	\$ 150
Total Benefits:	\$9,600[†]



*The example shown may vary from your coverage. Your individual experience may also vary. Please see pages 2a and 2b for your plan details.

meeting your needs

Our coverage can help provide financial support when an on- or off-the-job (AP5NY) accidental injury occurs.

Here's what you get:

- Coverage is available for you or your entire family
- Benefits paid directly to you, unless assigned to someone else
- Pays in addition to insurance you may already have
- Affordable premiums
- Portable coverage. If you leave your job you can take the coverage with you

your benefit coverage[†]

Accidental Death - Pays a benefit for accidental death.

Common Carrier Accidental Death - Pays a benefit for accidental death while riding as a fare-paying passenger on a scheduled common carrier.

Loss of Limbs¹ - Pays a benefit for loss of limb.

Dislocation or Fracture¹ - Pays a benefit for dislocation or fracture.

Initial Hospitalization Confinement - Pays a benefit for the first hospital confinement during a calendar year.

Hospital Confinement - Pays a benefit for confinement in a hospital up to 90 days.

Intensive Care - Pays a benefit for confinement in a hospital intensive-care unit up to 90 days for each confinement.

Ambulance Services - Pays a benefit for ambulance service to or from a hospital.

Physician Treatment Expenses - Pays a benefit for treatment by a physician one time per accident.

X-ray Expenses - Pays a benefit for an X-ray.

Emergency Room Services - Pays a benefit for emergency room services.

Sports can lead to
accidents



**Child is hurt
playing ball**



**is taken to
the hospital**



**and is seen
by a physician**

Accident Follow-Up Treatment - Pays a benefit for follow-up treatment from a physician (up to 6 treatments per accident) within 6 months after the accident. Not paid for the same visit Physical Therapy benefit is paid.

Lacerations* - Pays a benefit for treatment of cuts.

Burns* - Pays a benefit for treatment of burns, other than sun burns.

Skin Graft** - Pays a benefit for a skin graft for a covered burn.

Brain Injury Diagnosis* - Pays a benefit when diagnosed with 1 of these: concussion; cerebral laceration; cerebral contusion; or intracranial hemorrhage.

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)* - Pays a benefit for one CT scan or MRI within 180 days of an accident.

Open Abdominal or Thoracic Surgery* - Pays a benefit for surgery for internal injuries; or for exploratory surgery.

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery** - Pays a benefit for surgery to repair a tendon, ligament, rotator cuff or knee cartilage; or for exploratory arthroscopic surgery.

Ruptured Disc Surgery*** - Pays a benefit for a surgery to repair a ruptured spinal disc.

Eye Surgery** - Pays a benefit for eye surgery or to remove a foreign object from the eye.

Anesthesia*** - Pays a benefit for general anesthesia.

Blood and Plasma* - Pays a benefit for a blood transfusion or plasma.

Appliance - Pays a benefit for 1 of the following: wheelchair; crutches; or walker.

Medical Supplies** - Pays a benefit for over-the-counter medical supplies when the Physician Treatment or Emergency Room Services benefits are also paid.

Medicine** - Pays a benefit for prescription or over-the-counter medicine when the Physician Treatment or Emergency Room Services benefits are also paid.

Prosthesis*** - Pays a benefit for a physician-prescribed prosthetic arm, leg, hand, foot or eye when a benefit is also paid under the Loss of Limbs benefit.

Physical Therapy** - Pays a benefit for physician-prescribed physical therapy (up to 6 treatments per accident) within 6 months after the accident. Not paid for the same visit Accident Follow-Up Treatment benefit is paid.

Rehabilitation Unit - Pays a benefit for confinement in a rehabilitation unit after a hospital stay up to 30 days per confinement (maximum of 60 days per year).

Non-Local Transportation - Pays a benefit for physician-prescribed treatment at a hospital or treatment center more than 100 miles from your home. Paid up to 3 times per accident.

Family Member Lodging - Pays a benefit lodging for one adult family member to accompany you to receive treatment at a hospital or treatment center more than 100 miles from the family member's home, up to 30 days.

Post-Accident Transportation - Pays a benefit for transportation by common carrier when hospital confined 3 or more days in a row more than 250 miles from home.

POLICY SPECIFICATIONS

Please read your policy carefully. This section details some specifics of the policy.

Conditions and Limits - When an injury results in a covered loss within 90 days (180 days for dismemberment or death), unless otherwise noted, from the date of the accident, Allstate Benefits will pay benefits as stated.

The Post Accident Transportation Benefit is paid only when the Hospital Confinement benefit is paid and the covered person returns home within 48 hours of discharge from the hospital.

*Must begin, be received or treated within 30 days of the accident.

**Must begin or be received within 90 days of the accident.

***Must begin, be received or performed within 180 days of the accident.

Eligibility - Coverage may include you, your spouse and children under age 26.

Termination - Coverage terminates at the end of the grace period or age 75. Spouse coverage ends upon divorce or annulment. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Renewability - Coverage is guaranteed renewable until age 75, subject to change in premiums by class.

Pre-Existing Condition Limitation - If a covered person has a pre-existing condition we will not pay benefits for such condition during the 6-month period beginning on the effective date. A pre-existing condition is a condition for which: medical advice or treatment was recommended or received from a licensed health care provider within 6 months prior to the effective date.

Exclusions and Limitations - Benefits are not paid for: injury incurred prior to the effective date; any act of war, participation in a riot, insurrection or rebellion; intentionally self-inflicted injuries or attempted suicide; commission of a felony; engaging in an illegal occupation; being intoxicated or under the influence of any narcotic unless taken on the advice of a physician; aviation, other than as a fare-paying passenger on a scheduled or charter flight; alcoholism or drug addiction; mental or emotional disorders; plastic surgery for cosmetic purposes, unless required to treat an injury; or dental care or treatment, unless due to injury to sound natural teeth.

The policy does not pay benefits for treatment that is received outside the United States, the U.S. territories or the countries of Canada and Mexico.



EMERGENCY

Don't wait for a sign...

An accidental injury can be costly, especially if you are financially unprepared. Your current medical coverage will help pay for expenses associated with an injury, but won't cover all of the out-of-pocket expenses you may face. Don't wait until you are rushed to the emergency room to realize you need more protection.

Start thinking about the future of your finances today and plan for emergencies that might come your way. You can rely on our Accident Insurance to help provide the financial assistance you need, when you need it most, so you can concentrate on your recovery.



If you suffer an accidental injury, would you be able to handle the extra expenses associated with your recovery?

It's never too early to prepare for the future.

Accident coverage is provided by Limited Benefit insurance.

This material is valid as long as information remains current, but in no event later than May 15, 2016. Accident insurance benefits provided by policy form AP5NY. AP5NY is an accident only policy and does not pay benefits for sickness or any other condition. The policy is not a Medicare Supplement Policy. This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy sets forth, in detail, the rights and obligations of both the insured and the insurance company. Policy issued by Allstate Life Insurance Company of New York.

This brochure is for use in: NY



Allstate
BENEFITS

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on- and off-the-job accident

Listed below are benefits and amounts associated with the benefits described in the brochure.

ACCIDENT BENEFITS*		AMOUNT
Accidental Death (common carrier pays 5Xs the benefits listed)	Employee	\$150,000
	Spouse	\$75,000
	Child(ren)	\$37,500
Loss of Limbs ^{1,2}	Employee	\$150,000
	Spouse	\$75,000
	Child(ren)	\$37,500
Dislocation or Fracture ^{1,2}	Employee	\$6,000
	Spouse	\$3,000
	Child(ren)	\$1,500
Initial Hospitalization Confinement (per year)		\$2,250
Hospital Confinement ³ (daily)		\$150
Intensive Care ³ (daily)		\$1,200
Ambulance Services	Ground	\$600
	Air	\$1,800
Physician Treatment Expenses		\$150
X-Ray Expenses		\$300
Emergency Room Services		\$300
Accident Follow-Up Treatment ⁴ (daily)		\$150
Lacerations (per year)		\$150
Burns (% body surface)	< 15%	\$300
	> 15%	\$1,500
Skin Graft (% of burns benefit)		50%
Brain Injury Diagnosis (one time benefit per person)		\$450
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (per year)		\$150
Open Abdominal or Thoracic Surgery		\$3,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,500
	Exploratory	\$450
Ruptured Disc Surgery		\$1,500
Eye Surgery		\$300
General Anesthesia (% of surgery benefit)		15%
Blood and Plasma		\$900
Appliance		\$375
Medical Supplies		\$15
Medicine		\$15
Prosthesis	One Device	\$1,500
	Two or More	\$3,000
Physical Therapy ⁴ (daily)		\$150
Rehabilitation Unit ⁵ (daily)		\$300
Non-Local Transportation ⁶ (per trip)		\$1,200
Family Member Lodging ⁷ (daily)		\$300
Post-Accident Transportation (per year)		\$600

* amounts shown are per accident/covered person unless otherwise noted

¹ see Injury Benefit Schedule

² up to amount shown; multiple losses from same injury pay only up to the amount shown

³ max. 90 days per accident

⁴ max. 6 treatments per person/accident

⁵ max. 30 days per confinement/
max. 60 days per year

⁶ max. 3 per accident

⁷ max. 30 days per accident

Allstate Life Insurance
Company of New York



injury benefit schedule

Benefit amounts for coverage and one occurrence are shown below. Covered spouse gets 50% of the amounts shown and children 25%.

Loss of Life or Limb	AMOUNT
Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$150,000
One eye, hand, arm, foot, or leg	\$75,000
One or more entire toes	\$7,500
One or more entire fingers	\$6,000
Complete Dislocation	AMOUNT
Hip joint	\$6,000
Knee or ankle joint*, bone or bones of the foot*	\$2,400
Wrist joint	\$2,100
Elbow joint	\$1,800
Shoulder joint	\$1,200
Bone or bones of the hand*, Collarbone	\$900
Two or more fingers or toes	\$420
One finger or toe	\$180
Complete, Simple or Closed Fracture	AMOUNT
Hip, thigh (femur), pelvis**	\$6,000
Skull**	\$5,600
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$3,300
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$2,400
Foot**, hand or wrist**	\$2,100
Lower jaw**	\$1,200
Two or more ribs, fingers or toes, bones of face or nose	\$900
One rib, finger or toe, coccyx	\$420

*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).

premiums

MODE	PLAN	EE	EE + SP	EE + CH	F
Weekly	PLAN	\$7.20	\$13.50	\$12.30	\$18.90
Monthly	PLAN	\$31.20	\$58.50	\$53.30	\$81.90

Issue Ages: 18-70

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

This insert is for use in: NY

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