

Membership Benefits

Be Assured. Be Confident. Be Protected.



P3	About AAIC
P4	Member Benefits
P5	Short Term Disability
P7	Critical Illness
P 9	Accident Insurance
P11	Whole Life
P13	Cancer Insurance

This booklet is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. Always read your policy or certificates of coverage when you receive them. Depending on your resident state additional coverage and carrier options may be available to you which are not featured in this booklet. Please call for additional information.

AAIC



About AAIC

AAIC allows for unprecedented flexibility and creativity in addressing the spiraling cost of healthcare, while also providing comprehensive insurance options for independent contractors and professional drivers. An AAIC Membership combines access to the best in class associations with a suite of guaranteed-issue supplemental health insurance products. The Membership is available for \$7.95 per month. Outlined below are the non-insured benefits and optional supplemental health insurance options for this program.

Included in AAIC	AAIC Optional
Membership for \$7.95/mo	Insurance Programs
 This is NOT insurance. AAIC Travel AAIC Diesel Discounts AAIC Rewards AfmaxRX Cable & Internet Discounts Direct Labs Lasik Discounts and More! 	This is insurance. Whole Life Insurance Critical Illness Accident Disability Cancer Dental Vision All insurance products are offered on a guaranteed-Issue, contingent guaranteed-Issue basis, or a simplified issue basis.

Enrollment Instructions

- The enrollment is handled through our call center.
- Your voice recording will serve as your signature for membership and applications for insurance. We verify your identity with information provided from your motor carrier or fleet. Your driver number or truck number are common.
- Please review the information in this booklet. After you have reviewed the benefits and rates call our representative at 1(877)-230-9994 and they can answer your questions and assist in your enrollment.
- A confirmation of your benefit elections, cost, effective date, and deduction start date will be mailed or emailed to you upon completion.

Plan Designs offered vary by Underwriting Company Authority.

Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.



Member Benefits

Included for only: \$7.95/mo

Membership Details

Travel Discounts

Membership is the key to great travel, hotels, and entertainment... at wildly reduced prices. Unpublished rates not available to the public.

AAIC Rewards

Members receive \$100 of monthly Shopping & Dining Dollars. Save at popular restaurants like Chilis, TGI Fridays, Dunkin Donuts, McDonalds, Subway, and thousands more. Get access to local deals at car washes, cleaners, the movies, and save on popular brands.

AAIC Shop, Tire & Diesel Discounts

AAIC Members enjoy discounts on Shop service and tires at participating providers and stations. Members are also saving on diesel! Right now the users of our Fuel program are enjoying savings of up to \$0.55 a gallon at participating fuel stations!

Afmax RX

We can save you money at over 50,000 pharmacies nationwide and through our Home Delivery Service! Over 500 Drugs we fill are often cheaper than individual copays! Prescription Assistance Program and International Pharmacy.

Cable & Internet Discounts

Get exclusive discounts when you order your favorite home services. Membership offers you exclusive discounts up to \$200 just for ordering your favorite home services through our discount program.

Lab Discounts

We offer a wide variety of important health and wellness blood chemistry tests directly to you at extremely discounted prices.

Lasik Discounts

Our provider has set contracted pricing with doctors across the USA so we save our members on average \$1,500 off the average LASIK eye surgery cost.



Exclusive Elective Insurance Options

- Accident
- Critical Illness
- **Disability**
- Cancer

• Life

- Dental
- Vision

Short Term Disability Insurance



Like most, unless you know someone who has been disabled, you may not see the value of Disability insurance. You may think it won't happen to you, but if it does, you are vulnerable to lost income. An injury or sickness may slow you down, but it won't slow down your monthly bills. Expenses such as house and car payments, or even daily living expenses such as groceries and gas, will still need to be paid. Disability insurance can help replace your lost income and help ensure your finances are not depleted.

Here's How It Works

You choose the maximum monthly benefit level that meets your needs. Then, if you are faced with a period of unexpected sickness or off-the-job injury (unless the On-the-Job Accident Rider is selected) and cannot work, you will receive cash benefits to use as you see fit. This could include medical treatments, daily living expenses, and more.

Meeting Your Needs

- · You choose the monthly maximum benefit level that meets your needs
- Benefits start the first day after the elimination (waiting) period, when you are totally disabled and cannot work
- Premiums are affordable and conveniently payroll deducted







Just over 1 in 4 of today's 20year-olds will become disabled before they retire.²

BENEFITS

BASE POLICY BENEFITS

Total Disability - the monthly benefit starts after the elimination period has been met. Benefits will not continue beyond the maximum benefit period. You must be actively employed on the date the disability occurs for this monthly benefit to be payable

Partial Disability - 50% of the monthly benefit is paid after at least one month of the Total Disability Benefit is payable. Payments continue while partially disabled for up to 3 months, but not beyond the maximum benefit period

Pregnancy - for total disability due to pregnancy if the policy has been in force for at least 10 months

Monthly Benefit When You Attain Age 70 - the monthly benefit will continue if you are disabled when you reach age 70 for the remainder of your benefit period or 12 months, whichever is less

Waiver of Premium - premiums are waived after monthly disability benefits are payable for 90 days in a row. Waived as long as monthly benefits are payable, but not beyond the maximum benefit period

BASE POLICY BENEFIT CONDITIONS

Concurrent Disability - one monthly benefit is paid, even if you are disabled due to more than one cause. Being disabled from more than one cause does not extend the payment of benefits under the maximum benefit period

Recurrent Disability - a benefit is paid if disabled from the same or related cause within 6 months without a new waiting period or maximum benefit period

DEFINITIONS

Total Disability -when, because of sickness or an off-the-job injury, you can't perform the material and substantial duties of your own occupation (as defined below) and are under a physician's care

Own Occupation - the occupation you are performing when a period of disability begins

Elimination (Waiting) Period - a period of continuous total disability which must be satisfied before you are eligible to receive benefits

Monthly Benefit	Age 18-49	Age 50-59	Age 60-65
\$3,000	\$106.80	\$112.20	\$173.40
\$2,500	\$89.70	\$94.20	\$145.20
\$2,000	\$72.60	\$76.20	\$117.00
\$1,500	\$55.50	\$58.20	\$88.80
\$1,000	\$38.40	\$40.20	\$60.60

Sample Monthly Rates

This booklet is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. Always read your policy or certificates of coverage when you receive them. Depending on your resident state additional coverage and carrier options may be available to you which are not featured in this booklet. Please call for additional information.

Critical Illness: Guaranteed Issue Up To \$30,000



No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels. The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise. Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Here's How It Works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Meeting Your Needs

- Guaranteed renewable for life, subject to change in premiums by class
- Spouse and child(ren) receive the same basic-benefit amount as you
- Benefits paid regardless of any other medical coverage





THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED. 1Heart Disease and Stroke Statistics 2017 At-a-Glance, American Heart Association.

Individual Critical Illness

Employee benefit amounts

CATEGORY 1 BASIC BENEFIT AMOUNTS ¹	LOV	N OPTION	HIGH OPTION
Heart Attack (100%)		\$10,000	\$20,000
Stroke (100%)		\$10,000	\$20,000
Heart Transplant (100%)		\$10,000	\$20,000
Bypass Surgery (25%)		\$2,500	\$5,000
Angioplasty, Atherectomy, Stent Placement (25%)		\$2,500	\$5,000
CATEGORY 2 BASIC BENEFIT AMOUNTS ¹			
Major Organ Failure (100%)		\$10,000	\$20,000
End Stage Renal Failure (100%)		\$10,000	\$20,000
41	imbs (100%) Limbs (50%)	\$10,000 \$5,000	\$20,000 \$10,000
Multiple Sclerosis (25%)		\$2,5000	\$5,000
Alzheimer's Disease (25%)		\$2,5000	\$5,000
ADDITIONAL BENEFIT			
Critical Illness Cancer Rider (100%) ²		N/A	N/a
Wellness Benefit (per year, per covered person)		\$50	\$50

¹After 100% of the Basic Amount (\$20,000 for Low Plan and \$25,000 for High Plan) has been paid within category (Categories 1,2, or 3), no more benefits for any illness associated with that category are payable. Once a covered person received 100% of the Basic benefit amount in Category 1& 2, coverage ends for that person. ²Payable once per covered person.

PREMIUMS	non-tobacco				tobacco	
OPTION 1 Monthly	EE	EE + CH	F	EE	EE + CH	F
18-29	\$2.85	\$3.98	\$4.83	\$4.38	\$5.69	\$7.58
30-39	\$4.68	\$6.03	\$8.22	\$8.62	\$10.82	\$15.95
40-49	\$7.96	\$9.86	\$15.07	\$17.05	\$20.40	\$31.79
50-59	\$12.15	\$14.73	\$24.04	\$27.72	\$31.54	\$51.68
60-64	\$18.49	\$21.10	\$35.03	\$39.73	\$44.93	\$74.63

EE = Employee, EE + SP = Employee & Spouse, EE + CH = Employee & Child(ren), F = Family

PREMIUMS	non-tobacco				tobacco	
OPTION 2 Monthly	EE	EE + CH	F	EE	EE + CH	F
18-29	\$4.22	\$5.55	\$7.26	\$7.28	\$8.99	\$12.75
30-39	\$7.87	\$9.65	\$14.05	\$15.75	\$19.23	\$29.49
40-49	\$14.44	\$17.32	\$27.74	\$32.62	\$38.40	\$61.17
50-59	\$22.81	\$27.06	\$45.67	\$53.95	\$60.68	\$100.95
60-64	\$35.50	\$39.80	\$67.65	\$77.98	\$87.45	\$146.85

EE = Employee, EE + SP = Employee & Spouse, EE + CH = Employee & Child(ren), F = Family

Accident Insurance



Protecting your family and your financial security

Today, active lifestyles in and out of the home are the norm, and may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly. Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment, dislocation or fracture, ambulance services, physical therapy, and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for spouse and child(ren)
- Premiums are affordable and conveniently payroll deducted
- Guaranteed renewable for life



The number of injuries suffered by workers in one year, both on- and off-the-job, include:¹ **ON-THE-JOB** (in millions)



Accident (AP6)

On- and Off-the-Job Accident Insurance from AAIC

BENEFIT AMOUNTS

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

Initial Hospital Confinement (once per year) \$1,000 \$2,000 Daily Hospital Confinement (daily) \$200 \$400 Intensive Care (daily) \$400 \$800	BASE POLICY BENEFITS PLAN 1 PLAN 2			PLAN 1 PREM	NIUMS				
Daily toppilal Confinement (latily) 5200 5400 Internive Care (latily) 5400 5000 5105 519.52 523.62 528.57 Accident Testiment and Urgent Care Rider Ground 5100 5300 5300 Accident Testiment and Urgent Care Rider 5100 5300 5300 5300 Distance on a fracture Rider 5100 5300 5300 5300 Distance on a fracture Rider 5100 5300 5300 5300 Optigation Tracture Rider 5200 5200 5200 5200 Optigation Tracture Rider 5200 525.00 525.00 525.00 525.00 Optigation Tracture Rider (latily) 550.000 550.000 550.000 550.000 550.000 550.000 Accident Deliver, Disonmenterment*, Carcentrons Carrier Accidental Death (fare-paying passenger) 550.000 550.000 550.000 550.000 550.000 550.000 550.000 550.000 550.000 550.000 550.000 550.000 550.000 550.000 550.000 550.000 550.00						1	1	1	l
Intensive Care (sluhy) 5400 5800 BUSE BELTS PLANT PLANT Store Store<					MODE	EE	EE + SP	EE + CH	F
BIOLES REVENT PLANT PLANT PLANT PLANT PLANT Accident Testment and Urgent Care Rider Ground Air 500 \$300									
Accident Provision's Treatment and Ugent Care Rider Ground Air \$300 \$300 Accident Physician's Treatment \$500 \$150 Viray \$500 \$500 Dislocation of Fracture Rider \$200 \$500 Dislocation of Fracture Rider \$200 \$500 Dislocation of Fracture Rider \$2000 \$500 OptionAL-ZODITIONAL ROPES PLAN1 PLAN2 Outpatient Physican's Treatment for Accident al Physican's Treatment for Accident al Physican's Treatment for Accident al Physican's Treatment (ally) \$250.00 \$50.000 Accident al Physican's Treatment (ally) \$500 \$500 \$500 Accident al Physican's Treatment (ally) \$500 \$500 Common Carrier Accidental Death (are repaint) (ally) \$500 \$500 Computed Tomography (T) Scan (1000 Physical Physical Stream (ally) \$500 \$500 Sin Graft Cirl Blums Benefit (all (billy) \$500 \$500 Computed Tomography (C) Scan (1000 Physical Physical Stream (ally) \$500 \$500 Sin Graft Cirl Blums Benefit (all Cirls Stream (all Stream (Monthly	\$10.16	\$19.52	\$23.62	\$28.57
Ambulance Ground Air \$300 \$300 Accident Physician's Treatment \$50 \$5150 Dislocation or Fracture Rider* \$2000 \$6000 Dislocation or Fracture Rider* \$2000 \$6000 Optimoty Nature \$300 \$300 Optimoty Nature \$300 \$300 Optimoty Nature \$20,000 \$60,000 Accident and Preventive Care Benefit Rider (abily) \$20,000 \$50,000 Accident To Parking Disconse \$20,000 \$50,000 Common Carrier Accidental Death (fare-parking passenger) \$50 \$50 Accident Follow-Up Treatment (daily) \$50 \$50 Lacerations \$50 \$50 Barin Faring (MR) (Pays once per year) \$50 \$50 Computed Tomography (CT) Scan \$20,000 \$10000 \$10000 Aparkyis (Pays once) Parkyis (Pays once) \$20000 \$500 Comma (Haspiratory Assistance) \$10000 \$10000 \$10000 Open Abdominal or Thoraci: Surgery \$500 \$500 Coma with Respiratory Assistance						I		l	l
Air \$300 \$900 Acciden Physician's Treatment \$50 \$150 Dislocation or fracture Rider \$200 \$6000 CirriDNL/ACDITIONAL RIDERS PLANI PLANE Outpatient Physician's Treatment for Accidental Death*, Disrememberment,* and Functional Loss'*, Rider \$2000 \$60000 Accidential Death*, Disremetherment,* and Functional Leath*, Disremetherment,* and Magnetic Resonance Imaging (MRD (Pays once per year) \$500 \$500 Exerction Toloward Resonance Imaging (MRD (Pays once per year) \$500 \$500 Frain Injury Diagnosis Commercial Cirrer Dealysis (Pays once) Paraplegia \$77,500 \$75,000 Quadriplegia \$15,000 \$10000 \$10000 \$10000 \$10000 Commercial Cirrer Leather Interger Paysis (Pays once) Paraplegia \$77,500 \$75,500 Quadriplegia \$15,0000 \$10000 \$10000 \$10000 Commercial Cirrer Paysis (Pays once) Paraplegia \$77,500 \$10000 Quadripl	-	Ground	\$100	\$300					
Accident Physicialn's Treatment 550 5150 Usiocation or Fracture Rider' 5200 56,000 Dislocation or Fracture Rider' 5200 56,000 CPTIONAL/ADDITIONAL RIDERS PLANI PLANS Contracture Rider' 520,000 56,000 CACIdental Descriptions Services Rider 520,000 560,000 Contracture Rider' 520,000 560,000 Accident Tobuschist's Treatment for Common Carrier Accidental Death (there priving passenger) 520,000 550,000 Accident Flow, UD Treatment (ally) 550 550 Lacerations 550 550 Burns <156 of body surface	Ambulance								
X-ray \$100 \$300 Urgent Care \$300 \$3150 Dislocation of racture Rider ¹ \$2,000 \$6,000 OPTIONLAYADDITIONAL RIDES PLANT PLANS Outpatient Physician's Treatment for Accident all Preventive Care Benefit Rider (daily) \$25,000 \$25,000 Accident all Preventive Care Benefit Rider (daily) \$500 \$500,000 Accident all Preventive Care Benefit Rider (daily) \$500 \$500,000 Accident follow-Up Treatment (calu) \$50 \$500 Accident follow-Up Treatment (calu) \$500 \$500 Accident follow-Up Treatment (calu) \$50 \$500 Accident follow-Up Treatment (calu) \$500 \$500 Comparison (% OB Burns Benefit) \$500 \$500 Paralysis (Pays once) Paraplegia \$15,000 \$15,000 Commut Althespiratory Assistance \$100,000 \$100,000 \$100,000 Open Addominal or Thoracic Surgery \$500 \$500 General Anesthesia \$1000 \$1000 \$1000 Medical Supplies \$2500 \$2500	Accident Physician's Treatment	7.00							
Urgent Care 550 5150 Dislocation or Fracture Rider 520,000 5300 DYNNL/ADDITIONAL RIDES PLAN1 PLAN2 Outpatient Physician's freatment for Accident and Preventive Care Benefit Rider (daily) 525.00 525.00 Accident and Preventive Care Benefit Rider (daily) 520.000 560.000 Common Carrier Accidental Death (fore-paying passenger) 520.000 550.000 Accident Filoward, Direst Physical (Cally) 550 550. Accident Filoward, Direst Physical (Cally) 550.0 550. Schin Graft (Cally) 550.0 550. Schin Graft (Call Burns Benefit) 550.0 550. Burns <<15% or body surface	· · · · · · · · · · · · · · · · · · ·								
Dislocation or fracture Rider \$2,000 \$6,000 Imagency Room Services Rider \$100 \$300 OPTIONLA/ADDITIONAL RIDERS PLAN1 PLAN2 Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider (daily) \$25,00 \$25,00 Accident and Preventive Care Benefit Rider (daily) \$50,000 \$50,000 Accident and Preventive Care Benefit Rider (daily) \$50,000 \$50,000 Accident all Preventive Care Benefit Rider (daily) \$50 \$50 Accident follow-Up Treatment (daily) \$50 \$50 Accident follow-Up Treatment (daily) \$50 \$50 Stans < 15% of body surface									
Imagency Boom Services Rider 1 \$100 \$300 \$300 OPTIONAL/ADDITIONAL RIDES PLAN 1 PLAN 1 PLAN 2 OPTIONAL/ADDITIONAL RIDES PLAN 1 PLAN 1 PLAN 2 Accident and Preventive Care Benefit Rider (daily) \$25.00 \$25.00 \$25.00 Accident and Preventive Care Benefit Rider (daily) \$20.000 \$60.000 \$19.82 \$38.40 \$48.10 \$54.95 Accident Tolex-the Preventive Care Benefit Rider (daily) \$50 \$500 \$500 \$500 \$500 \$500 Accident Tolex-the Preventive Care Benefit Rider (daily) \$50 \$500 \$500 \$500 Accident Tolex-the Preventive Care Benefit Rider (daily) \$50 \$500 \$500 Accident Tolex-the Preventive Care Benefit Rider (daily) \$50 \$500 \$500 Lacerations \$500 \$500 \$500 \$500 Stringer (tolex-the preventive Care Benefit Rider (daily) \$500 \$500 Computed Tomography (CT) Scan \$500 \$500 \$15000 Generative Resonance Imaging (MRI) (Pays once per year) \$500 \$5000 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
OPTIONAL EDERS PLAN1 PLAN2 Outpatient Physician's Treatment for Accident and Preventive Care Banefit Rider (dally) \$25.00 \$25.00 Accident and Preventive Care Banefit Rider (dally) \$20,000 \$60,000 Accident al Dest', Pismemberment,* \$20,000 \$60,000 Accident al Dest', Pismemberment,* \$20,000 \$60,000 Accident follow-Up Treatment (dally) \$50 \$50 Accident follow-Up Treatment (dally) \$50 \$50 Accident follow-Up Treatment (dally) \$50 \$50 Skin Graft (% of Burns Banefit) \$500 \$500 Brain Injury Diagnosis \$300 \$1000 Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MR) (Pays once per year) \$500 \$1000 Paralysis (Pays once) Paralysis (Pays once) Paralysis (Pays once) Paralplegia Open Abdominal or Thoracic Surgery \$1000 \$10000 Open Abdominal or Thoracic Surgery \$1000 \$1000 Open Abdominal or Thoracic Surgery \$1000 \$1000 Gree Carling Surgery \$1000 \$1000 Repeducing Surgery									
Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider (daily) \$25.00 \$25.00 \$25.00 Accidental Death*, Dismemberment*, and Functional Loss', Hider Common Carrier Accidental Death (fare-paying passenger) \$20,000 \$60,000 \$15.00.00 \$19.82 \$38.40 \$48.10 \$54.95 Accidental Death*, Dismemberment*, and Excident Tollow-Up Treatment (daily) \$50 \$50 \$500 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$10,000 \$					PLAN 2 PREM	NIUMS			
Accidental Preventive Care Benefit Rider (daily) \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$35.00 \$5.00							1	1	
Accidental Death*, Oismemberment** and Functional Loss*, Rider Common Carrier Accidental Death (fare-paying passenger) \$20,000 \$60,000 \$50,000 \$150,000 \$100,000 \$19,82 \$38,40 \$48,10 \$54,95 Accident Follow-Up Treatment (daily) \$50 \$50 \$50 \$50 Burns < 15% of body surface		()	\$25.00	\$25.00	MODE	EE	EE + SP	EE + CH	F
and Functional Loss ¹ ,* Rider \$20,000 \$60,000 Monthly \$19.82 \$38.40 \$48.10 \$54.95 Common Carrier Accidental Death (fare-paying passenger) \$50,000 \$10,000 \$10,000		1							
Common Carrier Accidental Death (Tare-paying passenger)\$50,000\$150,000(Tare-paying passenger)PLAN1PLAN2Accident follow-Up Treatment (daily)\$50\$50Lacerations\$50\$500Burns<15% of body surface			\$20,000	\$60,000	Monthly	\$19.82	\$38.40	\$48.10	\$54.95
(fare-paying passenger)\$50,000\$150,000ADDITIONAL EENETT ENHANCEMENT RIDERPLANTAccident Follow-Up Treatment (daily)\$50Lacerations\$50Burns<15% of body surface	•					I	I	Į	I
ADDITIONAL BENEFIT ENHANCEMENT RIDERPLAN 1PLAN 2Accident Follow-Up Treatment (dally)\$50\$50Lacerations\$50\$50Burns<15% of body surface			\$50,000	\$150,000					
Accident Follow-Up Treatment (daily)\$50\$50Lacerations\$50\$500Burns<15% of body surface		R	PLAN 1	PLAN 2					
Lacerations\$50\$50Burns<15% of body surface									
Burns < 15% of body surface									
15% or more\$500\$500Skin Graft (% of Burns Benefit)50%50%Brain Injury Diagnosis\$300\$300Computed Tomography (CT) Scan\$500\$50and Magnetic Resonance Imaging (MRI) (Pays once per year)\$50\$7,500Paralysis (Pays once)Paraplegia\$7,500\$7,500Quadriplegia\$15,000\$15,000\$10,000Coma with Respiratory Assistance\$10,000\$10,000Open Abdominal or Thoracic Surgery\$100\$10,000Prendon, Ligament, Rotator CuffSurgery\$500Ruptured Disc Surgery\$150\$150Eye Surgery\$100\$1000Eye Surgery\$100\$1000Blood and Plasma\$300\$300Apeliance\$120.00\$1,000Medical Supplies\$55.00\$500Nedicine\$55.00\$500Prosthesis1 device\$5002 or more devices\$1,000\$1,000Physical, Occupational or Speech Therapy (Pays daily)\$30\$300Prost-Accident Transportation\$220\$200Post-Accident Transportation (Pays once per year)\$200\$200Post-Accident Transportation (Pays once per year)\$200\$200Pain Management (Epidural Injection)\$500\$500Pain Management (Epidural Injection)\$500\$500		surface							
Skin Graft (% of Burns Benefit)50%50%Brain Injury Diagnosis\$300\$300Computed Tomography (CT) Scan\$50\$50Paralysis (Pays once)Paraplegia\$7,500\$7,500Quadriplegia\$15,000\$10,000\$10,000Coma with Respiratory Assistance\$10,000\$10,000\$10,000Open Abdominal or Thoracic Surgery\$100\$10,000\$10,000Open Abdominal or Thoracic Surgery\$100\$100\$10,000Ruptured Disc Surgery£xploratory\$150\$150Ruptured Disc Surgery\$100\$100\$010\$01 + 2496; 1AP60P; 1AP6AUC; 1AP6ER; 1AP60P; 1AP6BER; 1AP60P;General Anesthesia\$100\$100\$01 + 2496; 1AP60P; 1AP6AUC; 3AP6ER5; 3AP6ADD; 1AP6BER; 1AP60PHBlood and Plasma\$300\$300Appliance\$125.00\$125.00Prosthesis1 device\$500\$500Prosthesis1 device\$100\$100Post-Accident Transportation\$220\$200Broke Tooth\$100\$100\$100Post-Accident Transportation (Pays once per year)\$200\$200Broke Tooth\$100\$100\$100Pain Management (Epidural Injection)\$50\$500Pain Management (Epidural Injection)\$50\$500									
Brain Injury Diagnosis \$300 \$300 \$300 Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (Pays once per year) \$50 \$50 Paralysis (Pays once) Paralysis (Pays once) Paralysis (Pays once) \$7,500 Quadriplegia \$7,500 \$7,500 Coma with Respiratory Assistance \$10,000 \$10,000 Open Abdominal or Thoracic Surgery \$10,000 \$10,000 Tendon, Ligament, Rotator Cuff Surgery \$500 \$500 Ruptured Disc Surgery \$100 \$100 \$100 General Anesthesia \$100 \$100 Blood and Plasma \$3300 \$300 Appliance \$125.00 \$1125.00 Medical Supplies \$55.00 \$500 Non-Local Transportation \$2500 \$500 Prosthesis 1 device \$100 \$100 Non-Local Transportation \$2500 \$2500 Post-Accident Transportation (Pays once per year) \$200 \$200 Post-Accident Transportation (Pays once per year) \$200 \$200 Post-Accident Transportation (Pays once per year) \$200 \$200		-				EE=Employe	e: EE + SP = Er	nplovee + Spoi	ise:
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (Pays once per year)\$50\$50Issue ages: 18 to 99Paralysis (Pays once)Paraplegia\$7,500\$7,500Quadriplegia\$15,000\$15,000Coma with Respiratory Assistance\$10,000\$10,000Open Abdominal or Thoracic Surgery\$1,000\$1,000Tendon, Ligament, Rotator CuffSurgery\$500Ruptured Disc Surgery\$500\$500Ruptured Disc Surgery\$1000\$1000Blood and Plasma\$100\$100Appliance\$125.00\$125.00Prosthesis1 device\$5002 or more devices\$1,000\$1,000Physical, Occupational or Speech Therapy (Pays daily)\$30\$300Post-Accident Transportation\$250\$200Post-Accident Transportation\$200\$200Broken Todh\$100\$100Pain Management (Epidural Injection)\$50\$500Pain Management (E									
and Magnetic Resonance Imaging (MRI) (Pays once per year)\$50\$50*Each benefit pays the amount shown.Paralysis (Pays once)Paraplegia\$7,500\$7,500'Up 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.Coma with Respiratory Assistance\$10,000\$1,000only up to amount shown above.Coma with Respiratory Assistance\$10,000\$100only up to amount shown above.Tendon, Ligament, Rotator CuffSurgery\$500\$500Ruptured Disc Surgery\$100\$100Opt 1 - 2AP6; 1APEGUC; 1APEGER; 1APEGAD; 1APEBER; 1APEOPHEye Surgery\$100\$100\$100Blood and Plasma\$300\$300Appliance\$125.00\$1200Prosthesis1 device\$500\$5002 or more devices\$1,000\$100Phahilitation Unit (daily)\$100\$100Post-Accident Transportation\$250\$200Post-Cott Cychicle Modification\$100\$100Pain Management (Epidural Injection)\$100\$100Pain Management (Epidural Injection)\$50\$500Pain Management (Epidural Injection)									
Paralysis (Pays once)Paraplegia\$7,500\$7,500\$7,500Quadriplegia\$15,000\$15,000\$15,000Coma with Respiratory Assistance\$10,000\$10,000Open Abdomial or Thoracic Surgery\$1,000\$1,000Tendon, Ligament, Rotator CuffSurgery\$500\$500or Knee Cartilage SurgeryExploratory\$150\$150Ruptured Disc Surgery\$100\$100\$100Eye Surgery\$100\$100\$100Blood and Plasma\$300\$300Appliance\$125.00\$5.00Prosthesis1 device\$5.00\$5.002 or more devices\$1,000\$1,000Physical, Occupational or Speech Therapy (Pays daily)\$30\$300Post-Accident Transportation\$220\$2200Broken Tooth\$100\$100Pain Management (Epidural Injection)\$50\$500Pain Management (Epidural Injection)\$50\$500		once per vear)	\$50	\$50	*Each benefit pa	ivs the amour	it shown.		
Quadriplegia\$15,000\$15,000\$15,000Coma with Respiratory Assistance\$10,000\$10,000\$10,000Open Abdominal or Thoracic Surgery\$1,000\$10,000\$10,000Tendon, Ligament, Rotator CuffSurgery\$500\$500rendon, Ligament, Rotator CuffSurgery\$150\$150Ruptured Disc Surgery£xploratory\$150\$150Eye Surgery\$100\$100\$00Blood and Plasma\$300\$300Appliance\$125.00\$125.00Medicine\$5.00\$5.00Prosthesis1 device\$5002 or more devices\$1,000\$100Non-Local Transportation\$250\$250Family Member Lodging (daily)\$100\$100Post-Accident Transportation\$200\$200Broken Tooth\$100\$100Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$500			\$7.500	\$7.500				depends on	
Coma with Respiratory Assistance\$10,000\$10,000your rider(s). Multiple losses from same injury pay only up to amount shown above.Open Abdominal or Thoracic Surgery\$1,000\$1,000only up to amount shown above.Tendon, Ligament, Rotator CuffSurgery\$500\$500or Knee Cartilage SurgeryExploratory\$100\$100Ruptured Disc Surgery\$500\$500\$500Eye Surgery\$100\$100\$100General Anesthesia\$100\$100\$100Blood and Plasma\$200\$5.00\$5.00Appliance\$125.00\$1200\$1000Medical Supplies\$5.00\$5.00Prosthesis1 device\$500\$5.00Physical, Occupational or Speech Therapy (Pays daily)\$100\$100Non-Local Transportation\$250\$250Family Member Lodging (daily)\$100\$100Post Accident Transportation (Pays once per year)\$200\$200Broken Tooth\$100\$100Pain Management (Epidural Injection)\$50\$50		0							in
Open Abdominal or Thoracic Surgery\$1,000\$1,000Tendon, Ligament, Rotator CuffSurgery\$500\$500rendon, Ligament, Rotator CuffSurgery\$500\$500Ruptured Disc SurgeryExploratory\$150\$150Ruptured Disc Surgery\$100\$100\$100General Anesthesia\$100\$100\$100Blood and Plasma\$300\$300Appliance\$125.00\$125.00Prosthesis1 device\$5002 or more devices\$1000\$100Physical, Occupational or Speech Therapy (Pays daily)\$30\$30Rehabilitation Unit (daily)\$100\$100Non-Local Transportation\$250\$250Family Member Lodging (daily)\$100\$100Post-Accident Transportation\$200\$200Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50									
Tendon, Ligament, Rotator CuffSurgery\$500\$500or Knee Cartilage SurgeryExploratory\$150\$150Ruptured Disc Surgery\$500\$500\$00Eye Surgery\$100\$100\$00General Anesthesia\$100\$100\$100Blood and Plasma\$300\$300\$300Appliance\$125.00\$125.00\$125.00Medicine\$5.00\$5.00\$5.00Prosthesis1 device\$500\$5.002 or more devices\$1,000\$100Physical, Occupational or Speech Therapy (Pays daily)\$30\$30Non-Local Transportation\$250\$250Family Member Lodging (daily)\$100\$100Post-Accident Transportation (Pays once per year)\$200\$200Broken Tooth\$100\$100Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50					, , ,				
or Knee Cartilage SurgeryExploratory\$150\$150Ruptured Disc Surgery\$500\$500Eye Surgery\$100\$100General Anesthesia\$100\$100Blood and Plasma\$300\$300Appliance\$125.00\$125.00Medical Supplies\$500\$500Prosthesis1 device\$5002 or more devices\$1,000\$1,000Physical, Occupational or Speech Therapy (Pays daily)\$30\$30Non-Local Transportation\$250\$250Family Member Lodging (daily)\$100\$100Post-Accident Transportation (Pays once per year)\$200\$200Broken Tooth\$100\$100Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50		zerv			. ,				
Ruptured Disc Surgery\$500\$500Eye Surgery\$100\$100General Anesthesia\$100\$100Blood and Plasma\$300\$300Appliance\$125.00\$125.00Medical Supplies\$5.00\$5.00Prosthesis1 device\$5002 or more devices\$1,000\$100Physical, Occupational or Speech Therapy (Pays daily)\$30\$30Non-Local Transportation\$250\$200Family Member Lodging (daily)\$100\$100Post-Accident Transportation (Pays once per year)\$200\$200Broken Tooth\$100\$100Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50									
Eye Surgery\$100\$100General Anesthesia\$100\$100Blood and Plasma\$300\$300Appliance\$125.00\$125.00Medical Supplies\$5.00\$5.00Medicine\$5.00\$5.00Prosthesis1 device\$5002 or more devices\$100\$100Physical, Occupational or Speech Therapy (Pays daily)\$30\$30Non-Local Transportation\$250\$250Family Member Lodging (daily)\$100\$100Post-Accident Transportation (Pays once per year)\$200\$200Broken Tooth\$100\$100Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50		,							
General Anesthesia\$100\$100Blood and Plasma\$300\$300Appliance\$125.00\$125.00Medical Supplies\$5.00\$5.00Medicine\$5.00\$5.00Prosthesis1 device\$5002 or more devices\$1,000\$1,000Physical, Occupational or Speech Therapy (Pays daily)\$30\$30Rehabilitation Unit (daily)\$100\$100Non-Local Transportation\$250\$250Family Member Lodging (daily)\$100\$100Post-Accident Transportation (Pays once per year)\$200\$200Broken Tooth\$100\$100Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50					Opt 2 - 4AP6; 3AP6				
Appliance\$125.00\$125.00Medical Supplies\$5.00\$5.00Medicine\$5.00\$5.00Prosthesis1 device\$5002 or more devices\$1,000\$1,000Physical, Occupational or Speech Therapy (Pays daily)\$30\$30Rehabilitation Unit (daily)\$100\$100Non-Local Transportation\$250\$250Family Member Lodging (daily)\$100\$100Post-Accident Transportation (Pays once per year)\$200\$200Broken Tooth\$100\$100Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50									
Appliance\$125.00\$125.00Medical Supplies\$5.00\$5.00Medicine\$5.00\$5.00Prosthesis1 device\$5002 or more devices\$1,000\$1,000Physical, Occupational or Speech Therapy (Pays daily)\$30\$30Rehabilitation Unit (daily)\$100\$100Non-Local Transportation\$250\$250Family Member Lodging (daily)\$100\$100Post-Accident Transportation (Pays once per year)\$200\$200Broken Tooth\$100\$100Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50	Blood and Plasma		\$300	\$300					
Medical Supplies\$5.00\$5.00Medicine\$5.00\$5.00Prosthesis1 device\$5002 or more devices\$1,000\$1,000Physical, Occupational or Speech Therapy (Pays daily)\$30\$30Rehabilitation Unit (daily)\$100\$100Non-Local Transportation\$250\$250Family Member Lodging (daily)\$100\$100Post-Accident Transportation (Pays once per year)\$200\$200Broken Tooth\$100\$100Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50	Appliance		\$125.00	\$125.00					
Medicine\$5.00\$5.00Prosthesis1 device\$5002 or more devices\$1,0002 or more devices\$1,000\$1,000\$1,000Physical, Occupational or Speech Therapy (Pays daily)\$30\$30\$30Rehabilitation Unit (daily)\$100Non-Local Transportation\$250Family Member Lodging (daily)\$100Post-Accident Transportation (Pays once per year)\$200Broken Tooth\$100Residence/Vehicle Modification\$500Pain Management (Epidural Injection)\$50									
2 or more devices\$1,000\$1,000Physical, Occupational or Speech Therapy (Pays daily)\$30\$30Rehabilitation Unit (daily)\$100\$100Non-Local Transportation\$250\$250Family Member Lodging (daily)\$100\$100Post-Accident Transportation (Pays once per year)\$200\$200Broken Tooth\$100\$100Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50			\$5.00	\$5.00					
Physical, Occupational or Speech Therapy (Pays daily)\$30\$30Rehabilitation Unit (daily)\$100\$100Non-Local Transportation\$250\$250Family Member Lodging (daily)\$100\$100Post-Accident Transportation (Pays once per year)\$200\$200Broken Tooth\$100\$100Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50									
Physical, Occupational or Speech Therapy (Pays daily)\$30\$30Rehabilitation Unit (daily)\$100\$100Non-Local Transportation\$250\$250Family Member Lodging (daily)\$100\$100Post-Accident Transportation (Pays once per year)\$200\$200Broken Tooth\$100\$100Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50	2 or more	devices	\$1,000	\$1,000					
Rehabilitation Unit (daily)\$100\$100Non-Local Transportation\$250\$250Family Member Lodging (daily)\$100\$100Post-Accident Transportation (Pays once per year)\$200\$200Broken Tooth\$100\$100Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50									
Non-Local Transportation\$250\$250Family Member Lodging (daily)\$100\$100Post-Accident Transportation (Pays once per year)\$200\$200Broken Tooth\$100\$100Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50		*	\$100	\$100	This material is v	alid as long as	s information	remains curr	ent, but in
Post-Accident Transportation (Pays once per year)\$200\$200Broken Tooth\$100\$100Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50			\$250		no event later th	an Septemb	er 11, 2023.		
Post-Accident Transportation (Pays once per year)\$200\$200Broken Tooth\$100\$100Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50	Family Member Lodging (daily)		\$100	\$100					
Broken Tooth\$100\$100Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50		ar)							
Residence/Vehicle Modification\$500\$500Pain Management (Epidural Injection)\$50\$50									
Pain Management (Epidural Injection)\$50\$50									

PI AN 1 PREMILIMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$10.16	\$19.52	\$23.62	\$28.57

MODE	EE	EE + SP	EE + CH	F
Monthly	\$19.82	\$38.40	\$48.10	\$54.95

AP6-Insert-98843

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW

Whole Life: Guaranteed Issue Up To \$100,000



Prepare for the future. Protect your loved ones.

Life is unpredictable. Let Allstate Benefits help you prepare for the unexpected with Individual Whole Life Insurance. Now you can provide your family with financial peace of mind for the future and the journey to get there. Not only do you get protection for your lifetime, but you also have the ability to build cash value as you go. Give yourself and your loved ones a gift of love with Good Hands® protection from Allstate Benefits.

Here's How It Works

With Individual Whole Life Insurance from Allstate Benefits, you get simplified and straightforward coverage. You decide how much coverage and who to cover. You get guaranteed rates for the life of the policy and a guaranteed death benefit to be paid to your beneficiaries. As the policy builds cash value, you can achieve your financial goals or borrow against it should you need to.

Meeting Your Needs

- You choose a fully-guaranteed death benefit (premiums payable to age 95) to leave behind, or if you live to age 121, a lump-sum maturity benefit is paid
- Coverage for spouse and children available through separate policy or rider
- Premiums are affordable and conveniently payroll deducted



THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

Sample Benefits & Rates

	Whole Life with cash value
Plan Design	
Term Period	Whole Life to Age 95
Benefit Amounts	
Minimum Face Amount	\$5,000
Maximum Face Amount	\$200,000
Employee Eligibility	
Issue Ages	Employee 18-65
Underwriting	
Guaranteed Issue	\$100,000
Modified Issue	
Simplified Issue	For amounts over \$100,000
Riders and Benefits	
Waiver of Premium	Optional Rider
Accelerated Benefit For	
Terminal Illness	Optional Rider
AD&D	Optional Rider
Premium	
Design	Tobacco and Non-Tobacco, Unisex
Age bands	By Age
Premium Rates	
	Monthly Rates (non-tobacco)
	\$100,000 Benefit Amount
	\$122.00—Age 40
	\$160.58—Age 45
	\$217.67—Age 50
	\$306.08—Age 55

*Additional Riders may be available in your state

Critical Illness: Guaranteed Issue Up To \$30,000



Cancer Insurance

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses – and more importantly – to empower you to seek the care you need.

Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 23 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

Meeting Your Needs

- Includes coverage for cancer and 23 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for you or your entire family
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (primary insured only)
- Premiums do not increase due to age
- Additional rider benefits may be added to enhance your coverage, if your employer has chosen to make them available to you

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Practical benefits for everyday living.**SM

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAWS AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

¹http://tinyurl.com/jp8tuaq. ²Cancer Treatment & Survivorship Facts & Figures, 2014-2015

DID YOU ?



Early detection, improved treatments and access to care are factors that influence cancer survival¹

19 million

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 19 million by 2024²

Offered to the members of:

AAIC

Cancer Insurance (CP12)

Includes coverage for 23 Specified Diseases from Allstate Benefits

BENEFIT AMOUNTS HOSPITAL CONFINEMENT/RELATED BENEFITS Continuous Hospital Confinement (daily)

HOSPITAL CONFINEMENT/RELATED BENEFITS		PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)		\$200	\$400 ³
Government or Charity Hospital (daily)		\$200	\$400 ³
Private Duty Nursing Services (daily)		\$200	\$400 ³
Extended Care Facility (daily) ⁺		\$200	\$400 ³
At Home Nursing (daily) ⁺		\$200	\$400 ³
Hospice Care Center or Team	First Day	\$2,000	\$4,000 ³
	Days 2+	\$200	\$400 ³
RADIATION/CHEMOTHERAPY/RELATED BENEFITS		PLAN 1	PLAN 2
Radiation/Chemotherapy	Up to	\$10,000	\$20,000 ³
for Cancer ¹ (every 12 months)	Lifetime Max	\$50,000	\$100,000 ³
Blood, Plasma, and Platelets ¹ (every 12 months)		\$10,000	\$20,000 ³
Medical Imaging (every 12 months)		\$500	\$1,000 ³
Hematological Drugs (every 12 months)		\$200	\$400 ³
SURGERY/RELATED BENEFITS		PLAN 1	PLAN 2
Surgery ²		\$3,000	\$6,000 ³
Anesthesia (% of Surgery benefit)		25%	25%³
Ambulatory Surgical Center (daily)		\$500	\$1,000 ³
Second Opinion (every 12 months)		\$200	\$400 ³
Bone Marrow Transplant (every 12 months)		\$7,000	\$14,000 ³
Stem Cell Transplant (every 12 months)		\$7,000	\$14,000 ³
MISCELLANEOUS BENEFITS		PLAN 1	PLAN 2
Inpatient Drugs and Medicine (daily)		\$25	\$25
Physician's Attendance (daily)		\$50	\$50
Ambulance (per confinement)	Ground	\$250	\$250
	Air	\$10,000	\$10,000
Non-Local Transportation		\$0.50/mi	\$0.50/mi
Outpatient Lodging	Daily	\$100	\$100
	Yearly Max	\$2,000	\$2,000
Family Member Lodging (daily per trip; max. 60 day	vs)	\$100	\$100
and Transportation		\$0.50/mi	\$0.50/mi
Physical or Speech Therapy (daily)		\$50	\$50
New or Experimental Treatment ¹ (every 12 months))	\$5,000	\$5,000
Prosthesis (per amputation)		\$2,000	\$2,000
Hair Prosthesis (every 2 years)		\$50	\$50
Nonsurgical External Breast Prosthesis (initial prost	hesis)	\$100	\$100
Anti-Nausea Drugs (every 12 months)		\$200	\$200
National Cancer Institute Evaluation/Consultation (\$500	\$500
Egg Harvesting and Storage (one-time benefit)	Extraction	\$500	\$500
	Storage	\$175	\$175
Waiver of Premium (primary insured only)		Yes	Yes
ADDITIONAL RIDER BENEFITS		PLAN 1	PLAN 2
Cancer Initial Diagnosis Level Benefit (one-time ben		\$2,000	\$5,000
Cancer Initial Diagnosis Progressive Benefit (one-tin	ne benefit)	\$1,200	\$2,000
Fixed Wellness Benefit		\$50	\$50

FOR HOME OFFICE USE ONLY - CP12

Opt 1 - 2HOSP; 2CHEM; 2SURG; 1MISC; 0ICR5; 2CLR3; 3CPR3; 0CABR3; 2WBR6; 0WBR7

Opt 2 - 3HOSP; 3CHEM; 3SURG; 1MISC; 0ICR5; 5CLR3; 5CPR3; 1CABR3; 2WBR6; 0WBR7

PLAN 1 MONTHLY PREMIUMS

PLAN 1

AGES	INDIVIDUAL	FAMILY
18-64	\$36.21	\$70.74
65-69	N/A°	N/A°
70-74	N/A°	N/A°
75-80	N/A°	N/A°

PLAN 2 MONTHLY PREMIUMS

AGES	INDIVIDUAL	FAMILY
18-64	\$69.29	\$133.60
65-69	N/A°	N/A°
70-74	N/A°	N/A°
75-80	N/A°	N/A°
Issue Ages: 18-80		

[†]Up to number of days of previous hospital confinement.

¹Pays actual cost up to amount listed.

²Pays up to amount listed in policy Schedule of Surgical

Procedures. Amount paid depends on surgery.

³Includes the CAB Rider which increases the base policy benefit.

°Cancer Initial Diagnosis Progressive Benefit Rider is only available for ages 18-64



For use in: Texas

This rate insert is part of the CP12 Brochure for AAIC 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 September, 11, 2023. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. @2020 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.



Practical benefits for everyday living.sm

When you choose Allstate Benefits, you receive more than just coverage that helps you protect your finances when faced with life's uncertainties; you also get the support of the Good Hands[®] promise.

We've been insuring and protecting families for over 50 years with the name that America knows and trusts. Our affordable and valuable coverage options help empower hard-working individuals and their families to make the best decisions for their care and finances.

After you've elected coverage, register with our website, MyBenefits, for anytime access to your coverage and benefit information. Plus, MyBenefits allows you to file fast and easy claims that we'll deposit right into your bank account (direct deposit authorization required).

Allstate Benefits. We can help give you and your family financial peace of mind. Are you in good hands?®

This booklet is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. Always read your policy or certificates of coverage when you receive them. Depending on your resident state additional coverage and carrier options may be available to you which are not featured in this booklet. Please call for additional information.

Call us today for more information. 1(877)-230-9994

