



BE WELL. BE SMART. BE PROTECTED.

Allstate at Work®

accident insurance

with Expanded Benefits

on- or off-the-job including a disability income benefit plus riders

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 13 unintentional-injury deaths and about 2,650 disabling injuries every hour during the course of a year.¹ In 2003, about 1 in 12 people sought medical attention for 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
- Policy is guaranteed renewable and non-cancelable to age 70; changes in premium rates will not be made

Would your finances survive an accidental injury?

1. *Injury Facts 2007 Edition*, National Safety Council.

Offered to the employees of:

St. Petersburg College



Allstate®

Workplace Division

Allstate Workplace Division's (AWD) AP2 Accident Policy Benefits

When you buy this accident insurance, you pick either 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.		Employee Spouse Children	n/a	\$25/visit	\$50/visit	
Policy Benefits		COVERED	SILVER	GOLD	PLATINUM	
Loss of Life or Limbs - AWD pays 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.		Employee Spouse Children	up to \$40,000 \$20,000 \$10,000	up to \$60,000 \$30,000 \$15,000	up to \$80,000 \$40,000 \$20,000	
Dislocation or Fracture - AWD pays 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.		Employee Spouse Children	up to \$4,000 \$2,000 \$1,000	up to \$6,000 \$3,000 \$1,500	up to \$8,000 \$4,000 \$2,000	
Hospital Confinement - AWD pays 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		Employee Spouse Children	\$200/day	\$300/day	\$400/day	
Ambulance (needed as a result of accidental injury) - AWD pays the amount shown for transfer to or from a hospital by regular ambulance. AWD pays the amount shown for transfer to or from a hospital by air ambulance.		Employee Spouse Children	regular \$200 air \$400	regular \$300 air \$600	regular \$400 air \$800	
Medical Expenses - AWD pays 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		Employee Spouse Children	up to \$300	up to \$450	up to \$600	
Disability (Primary Insured Only) - AWD pays the amount shown beginning the first day, when the insured is totally disabled for 3 full days; payable for only one disability at a time; maximum benefit period 12 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 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 any and every important duty of his or her regular job (if the 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.		Employee Only	\$720/mo.	\$1,080/mo.	\$1,440/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 - AWD pays 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. AWD pays 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.		Employee 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 - AWD pays 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. AWD pays 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>	Employee				
	Spouse		\$30/day		
	Children				
<p>Lacerations Benefit - AWD pays 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>	Employee				
	Spouse		\$50/year		
	Children				
<p>Tendon, Ligament, Rotator Cuff, or Knee Cartilage Surgery Benefit - AWD pays 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, AWD pays the amount shown. This benefit is not paid if the Ruptured Disc Benefit is paid for a covered accident.</p>	Employee				
	Spouse		\$500/injury		
	Children		\$150/expl.surgery		
<p>Ruptured Disc Surgery Benefit - AWD pays 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>	Employee				
	Spouse		\$500		
	Children				
<p>Appliance Benefit - AWD pays 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>	Employee				
	Spouse		\$125		
	Children				
<p>Non-local Transportation Benefit - AWD pays 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. AWD does 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>	Employee				
	Spouse		\$300/trip		
	Children				
<p>Family Member Lodging Benefit - AWD pays 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>	Employee				
	Spouse		\$100/day		
	Children				
<p>Brain Injury Diagnosis Benefit - AWD pays 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>	Employee				
	Spouse		\$150		
	Children				
<p>Eye Surgery Benefit - AWD pays 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>	Employee				
	Spouse		\$100		
	Children				
<p>Burns Benefit - AWD pays 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. AWD pays the applicable amount only once per covered person per covered accident.</p>	Employee				
	Spouse		\$100 if burns cover less than 15%*		
	Children		\$500 if burns cover 15% or more*		

Benefit Enhancement Rider (AP2BER)	COVERED	SILVER	GOLD	PLATINUM
Skin Graft Benefit - AWD pays 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.	Employee Spouse Children	50% of burn benefit		
Initial Hospitalization Benefit - AWD pays 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.	Employee Spouse Children	\$1,000		
Blood and Plasma Benefit - AWD pays 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.	Employee Spouse Children	\$300		
Hospital Intensive Care Unit Confinement Benefit - AWD pays 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.	Employee Spouse Children	\$400/day		
Open Abdominal or Thoracic Surgery Benefit - AWD pays 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 AWD will pay the amount shown.	Employee Spouse Children	\$1,000/surgery \$100/expl. surgery		
Prosthesis Benefit - AWD pays 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.	Employee Spouse Children	\$500-1 device* \$1,000-2 or more devices*		
Paralysis Benefit - AWD pays 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.	Employee Spouse Children	\$7,500 - paraplegia \$15,000 - quadriplegia		
Coma with Respiratory Assistance Benefit - AWD pays 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.	Employee Spouse Children	\$10,000		
Extended Hospitalization Benefit - If a covered person is confined in a hospital, as a result of an injury, within 90 days from the date of the injury, AWD pays the amount shown each day, for the period of confinement up to a maximum of 275 days for any one injury, and only after the Hospital Confinement Benefit in the policy is exhausted. This benefit is payable only if the covered person is hospitalized for more than 90 consecutive days.	Employee Spouse Children	\$100/day		

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
Semi-monthly		Semi-monthly	Semi-monthly
ind.	\$13.06	ind. \$19.93	ind. \$26.80
family	\$24.17	family \$37.14	family \$50.11

Issue Ages: 18-64

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 \$2,400, which is the amount on the chart. If you had PLATINUM coverage, you'd get \$3,200 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	\$60,000	Hip joint	\$6,000	Hip, thigh (femur), pelvis**	\$6,000	Two or more ribs, fingers or toes, bones of face or nose	\$900
One eye, or one hand or arm, or one foot or leg	\$30,000	Knee joint*, bone or bones of the foot*, ankle joint	\$2,400	Skull**	\$5,700	One rib, finger or toe, Coccyx	\$420
one or more entire toes	\$3,000	Wrist joint	\$2,100	Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$3,300		
one or more entire fingers	\$2,400	Elbow joint	\$1,800	Ankle, knee cap (patella), collarbone (clavicle), forearm (radius or ulna)	\$2,400		
		Shoulder joint	\$1,200	Foot**, hand or wrist**	\$2,100		
		Bone or bones of the hand*, Collarbone	\$900	Lower jaw**	\$1,200		
		Two or more fingers or toes	\$420				
		One finger or toe	\$180				

*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).

Eligibility/ Family Policies/ Termination - Family coverage includes you (the employee), your spouse, and dependent children as defined in the policy. 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 21 (25 if a full-time student at a regular educational institution of higher learning beyond high school).

Renewability - The policy is guaranteed renewable and non-cancelable until age 70. Changes in premium rates will not be made. Rider AP2BER is guaranteed renewable until age 70, subject to change in premiums by class.

Timing of Policy Benefits - AWD provides benefits if a covered person sustains an injury which results in a covered loss within 90 days (180 days for dismemberment or death; 60 days for medical expenses) 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 AWD will pay will not exceed the maximum amount shown in the Benefits section. AWD does not cover any loss as a result of: injuries incurred prior to the effective date of coverage, subject to the Time Limit on Certain Defenses provision in the policy; 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 injury sustained while under the influence of alcohol or any narcotic, unless administered on the advice of a physician; or any bacterial infection (except pyogenic infections which shall 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 the taking of poison or asphyxiation from or voluntary inhaling of gas or fumes; or committing or attempting to commit an assault or 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 mental diseases or deficiencies without demonstrable organic disease; 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. Disability benefits for injuries resulting from a sprained, strained or lame back or any intervertebral disc condition are limited to a maximum of three months for any one injury.

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 Rider APOPTR1 - The rider does not pay benefits for conditions 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 alcoholism, drug addiction or dependence upon any controlled substance; or mental illness without demonstrable organic disease; or voluntary inhalation of gas or fumes; or dental or plastic surgery for cosmetic purposes, unless the surgery is required to correct a disorder of normal body functions.

Rider AP2BER Contains 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. A pre-existing condition does not include routine breast cancer follow-up care. 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 Riders.

This brochure is for use in Florida.

This material is valid as long as information remains current, but in no event later than May 1, 2012. 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. 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 Allstate Workplace Division.

Allstate Workplace Division is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a wholly-owned subsidiary of The Allstate Corporation. ©2009 Allstate Insurance Company. The Workplace Marketer.® www.allstate.com or allstateatwork.com

