

Are you protected from life's accidents?

There are things that you or your family do outside of work that may lead to an accidental injury.



SPORTS



TRAVEL



SCHOOL



VACATION

Group Accident Insurance

Helps cover costs associated with injury treatments

Group Voluntary Accident coverage from Allstate Benefits pays cash benefits for expenses associated with an accidental injury and can help protect hard-earned savings should an off-the-job accidental injury occur.




Allstate
BENEFITS


group voluntary accident

No one plans to have an accident. But it can happen at any moment throughout the day, whether at home or at play. 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.

Our accident coverage helps offer peace of mind when an accidental injury occurs. Below is an example of how benefits are paid.*




Employee chooses benefit coverage under his
Employer Approved Plan



2 years later the employee is going out to dinner, is in a car accident, and is air lifted to the hospital

Employee incurred expenses for services in and out of the hospital. In addition to what major medical insurance paid, our accident benefits paid for:	
Air Ambulance Service	\$ 600
Thoracic Surgery	\$ 1,000
Medicine	\$ 5
Emergency Room	\$ 200
Hospitalization	\$ 1,000
3-Day Hospital Stay	\$ 600
Physician Treatment	\$ 100
Outpatient Physician	\$ 25

With Accident Coverage
Additional dollars to pay for copay, deductible and other costs
Benefits paid: **\$3,530**



Without Accident Coverage
No additional dollars to pay for copay, deductible or other out-of-pocket costs
Benefits paid: **\$0**

*The example shown may vary from the plan your employer is offering. Your individual experience may also vary.

meeting your needs

Our accident coverage helps offer peace of mind when an accidental injury occurs.

- Coverage that is guaranteed issue; there are no medical exams or tests to take
- Benefits that correspond with treatment for off-the-job accidental injuries including hospitalization, emergency treatment, intensive care, fractures, plus more
- Off-the-job accident coverage for yourself or your entire family
- Affordable premiums
- Benefits paid directly to you, unless you assign them to someone else
- An additional benefit has been added to the plan to enhance your coverage
- Continuation of coverage

your benefit coverage[†]

Accidental Death - Pays a benefit for accidental death.

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

Dismemberment - Pays a benefit for dismemberment. Multiple dismemberments during the same injury are limited to the principal amount listed on page 2a.

Dislocation or Fracture - Pays a benefit for dislocation or fracture. Multiple dislocations or fractures during the same injury are limited to the principal amount listed on page 2a.

Hospital Confinement - Pays a benefit when you are confined in a hospital for the first time after your effective date. Paid once per year.

Daily Hospital Confinement - Pays a benefit when you are confined in a hospital up to 90 days for each accident.

Intensive Care - Pays a benefit when you are confined in a hospital intensive-care unit up to 90 days for each accident.

Ambulance - Pays a benefit for you to be transferred by ambulance service to or from a hospital.

Accident Physician Treatment - Pays a benefit when you receive treatment by a physician.

X-ray - Pays a benefit when X-rays are taken.

Emergency Room Services - Pays a benefit when emergency room services are received.

[†]Pays stated amounts for accidents only. Benefit amounts are shown on pages 2a and/or 2b. See page 4 for limits and conditions and pages 4 and 5 for state variations.

Sports can lead to
accidents



Child is hurt
playing ball



is taken to
the hospital



and is seen
by a physician

BENEFIT ENHANCEMENTS

Lacerations – Pays a benefit when you receive treatment for 1 or more cuts within 3 days after an accident. Paid once per year.

Burns – Pays a benefit when you receive treatment for burns, other than sun burns, within 3 days after an accident.

Skin Graft** – Pays a benefit when you receive a skin graft for a covered burn.

Brain Injury Diagnosis – Pays a one-time benefit when you are diagnosed with 1 of these within 30 days after an accident: concussion, cerebral laceration, cerebral contusion, or intracranial hemorrhage. Must be first treated by a physician within 3 days after the accident.

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)* – Pays a benefit when you receive a CT scan or MRI. Must be first treated by a physician within 30 days after the accident. Paid once per year.

Paralysis – Pays a one-time benefit when you are paralyzed from a spinal cord injury for at least 90 days. Must be confirmed by a physician within 3 days after the accident.

Coma with Respiratory Assistance – Pays a one-time benefit when you are in a coma for at least 7 days. Medically induced comas are not covered.

Open Abdominal or Thoracic Surgery – Pays a benefit when you have surgery for internal injuries within 3 days after the accident.

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

Ruptured Disc Surgery* – Pays a benefit when you have a surgical procedure to repair a ruptured spinal disc.

Eye Surgery** – Pays a benefit when you have surgery or a foreign object removed from the eye.

General Anesthesia* – Pays a benefit for general anesthesia for a covered surgery.

Blood and Plasma – Pays a benefit for a blood or plasma transfusion within 3 days after an accident.

Appliance** – Pays a benefit for 1 of the following: wheelchair, crutches, or walker.

Medical Supplies** – Pays a benefit for over-the-counter medical supplies.†

Medicine** – Pays a benefit for prescription or over-the-counter medicine.†

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

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

Rehabilitation Unit – Pays a benefit when you are confined in a rehabilitation unit after a hospital stay. Paid up to 30 days per confinement (maximum 60 days per year). Not payable for days that the Daily Hospital Confinement benefit is paid.

Non-Local Transportation – Pays a benefit when you have 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 when one adult family member accompanies you to receive treatment at a hospital or treatment center more than 100 miles from the family member's home.

Post-Accident Transportation – Pays a benefit when you are confined in a hospital for at least 3 days in a row more than 250 miles from your home, and you are brought home by a common carrier.

Accident Follow-Up Treatment** – Pays a benefit when you receive follow-up treatment from a physician in his or her office or in a hospital as an outpatient (up to 2 treatments per accident) within 6 months after the accident. Not payable for the same visit for which the Physical Therapy benefit is paid.†

ADDITIONAL RIDER BENEFIT

Outpatient Physician's Benefit – Pays a daily benefit when you receive treatment by a physician outside of a hospital for any reason. The benefit is limited to 2 days per covered person per calendar year, not to exceed 4 days per calendar year if coverage includes eligible dependents.

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

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

†Provided a benefit is paid under the Accident Physician Treatment or X-ray benefit.

coverage specifications

Conditions and Limits – When an injury results in a covered loss within 90 days (180 days for dismemberment or accidental death), unless otherwise stated, from the date of an accident, and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. **Treatment must be received in the United States or its territories.**

Your Eligibility – Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination – (a) Coverage may include you, your spouse or domestic partner, and your children. (b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce or your death. (d) Domestic partner coverage ends upon termination of domestic partnership or your death.

When Coverage Ends – Coverage under the policy ends on the earliest of: (a) the date the policy is canceled; (b) the last day of the period for which you made any required contributions; (c) the last day you are in active employment, except as provided under the Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence provision; (d) the date you are no longer in an eligible class; (e) the date your class is no longer eligible; or (f) upon discovery of fraud or material misrepresentation when filing a claim.

Continuation of Coverage – You may be eligible to continue coverage when coverage under the policy ends. You have 60 days after coverage under the policy ends to let us know if you wish to continue coverage.

Accident and Benefit Enhancement Exclusions and Limitations – Benefits are not paid for: (a) injury incurred before the effective date; (b) injury as a result of an on-the-job accident; (c) any act of war or participation in a riot, insurrection or rebellion; (d) self-inflicted injury; (e) suicide or attempted suicide; (f) being under the influence of alcohol or narcotics unless taken on the advice of a physician; (g) bacterial infection (except pyogenic infections from an accidental cut or wound); (h) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; (i) engaging in an illegal occupation, assault or felony; (j) driving in any race or speed test or testing any vehicle on any racetrack or speedway; (k) serving as an active member of the Military, Naval, or Air Forces of any country; and (l) hernia, including complications.

Outpatient Physician's Benefit Rider Exclusions and Limitations – Benefits are not paid for: (a) losses incurred before the effective date; (b) a loss as a result of an on-the-job accident; (c) any act of war or participation in a riot, insurrection or rebellion; (d) suicide or attempted suicide; (e) self-inflicted action; (f) being under the influence of alcohol or narcotics unless taken on the advice of a physician; (g) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; (h) engaging in an illegal occupation, assault or felony; (i) driving in any race or speed test or testing any vehicle on any racetrack or speedway; (j) serving as an active member of the Military, Naval, or Air Forces of any country.

STATE VARIATIONS

Kentucky (changes affect page 4) – In the **Accident and Benefit Enhancement Exclusions and Limitations** paragraph, item (b) is replaced with: injury as a result of an on-the-job accident, unless not payable under any Workers' Compensation law. In the **Outpatient Physician's Benefit Rider Exclusions and Limitations** paragraph, item (b) is replaced with: injury as a result of an on-the-job accident, unless not payable under any Workers' Compensation law.

Maryland (changes affect pages 2, 3 and 4) – Under **Your Benefit Coverage**, the following is added: Benefits for diagnostic or surgical procedures involving a bone or joint of the skeletal structure are expanded to also include coverage for bones or joints of the face, neck or head if, under the accepted standards of the profession of the health care provider rendering the service, the procedure is medically necessary to treat a condition caused by the injury. The following is added as a benefit: **Objective Second Opinion** - Pays a benefit when you receive a second opinion when one is required pursuant to a hospital's utilization review program. In the **When Coverage Ends** paragraph, item (b) is replaced with: the last day of the period for which you made any required contributions, subject to the Grace Period provision; item (f) is replaced with: upon discovery of fraud or material misrepresentation when filing a claim, subject to the Contestability of Coverage provision. In the **Accident and Benefit Enhancement Exclusions and Limitations** paragraph, item (a) is deleted; item (c) is replaced with: any act of war; item (f) is deleted; item (h) is deleted; item (m) is added: for health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral. In the **Outpatient Physician's Benefit Rider Exclusions and Limitations** paragraph, item (a) is deleted; item (c) is replaced with: any act of war; item (f) is deleted; item (h) is deleted; item (k) is added: for health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral.

North Carolina (change affects page 4) - In the **When Coverage Ends** paragraph, item (f) is deleted.

Ohio (change affects page 3) - In the **Physical Therapy** benefit, the statement that chiropractic services are not covered does not apply.

West Virginia (changes affect page 4) - In the **Accident and Benefit Enhancement Exclusions and Limitations** paragraph, item (g) is replaced with: bacterial infection (except pyogenic infections which occur with and through an accident); item (l) is deleted.

Rev. 2/15. This material is valid as long as information remains current, but in no event later than February 1, 2018. Group Accident benefits are provided by policy form GVAP2, or state variation thereof. Outpatient Physician's Benefit Rider is provided by rider form GOPBR, or state variation thereof.

Coverage is provided by Limited Benefit Supplemental Accident Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This brochure highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

This brochure is for use in: KY, MD, NC, OH, SC, TN, VA, WV



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.

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group accident insurance (off-the-job)

BASE ACCIDENT BENEFITS

		LOW PLAN	HIGH PLAN
Accidental Death*	Employee	\$40,000	\$60,000
	Spouse	\$20,000	\$30,000
	Child	\$10,000	\$15,000
Common Carrier Accidental Death*	Employee	\$200,000	\$300,000
	Spouse	\$100,000	\$150,000
	Child	\$50,000	\$75,000
Dismemberment ¹	Employee	up to \$40,000	up to \$60,000
	Spouse	up to \$20,000	up to \$30,000
	Child	up to \$10,000	up to \$15,000
Dislocation or Fracture ¹	Employee	up to \$4,000	up to \$6,000
	Spouse	up to \$2,000	up to \$3,000
	Child	up to \$1,000	up to \$1,500
Hospital Confinement ²		\$1,000	\$1,500
Daily Hospital Confinement ³		\$200	\$300
Intensive Care ³		\$400	\$600
Ambulance	Regular Ambulance	\$200	\$300
	Air Ambulance	\$600	\$900
Accident Physician Treatment*		\$100	\$150
X-ray*		\$200	\$300
Emergency Room Services*		\$200	\$300

BENEFIT ENHANCEMENTS

		LOW PLAN	HIGH PLAN
Lacerations ²		\$100	\$50
Burns*	< 15% of body surface	\$200	\$100
	> 15% or more	\$1,000	\$500
Skin Graft (% of Burns Benefit)*		50%	50%
Brain Injury Diagnosis ⁴		\$300	\$150
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) ⁵		\$100	\$50
Paralysis ⁴	Paraplegia	\$15,000	\$7,500
	Quadriplegia	\$30,000	\$15,000
Coma with Respiratory Assistance ⁴		\$20,000	\$10,000
Open Abdominal or Thoracic Surgery ⁶		\$2,000	\$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery ⁶	\$1,000	\$500
	Exploratory	\$300	\$150
Ruptured Disc Surgery ⁶		\$1,000	\$500
Eye Surgery*		\$200	\$100
General Anesthesia		\$200	\$100
Blood and Plasma*		\$600	\$300
Appliance*		\$250	\$125
Medical Supplies*		\$10	\$5
Medicine*		\$10	\$5
Prosthesis*	One Device	\$1,000	\$500
	Two or More	\$2,000	\$1,000
Physical Therapy ⁷		\$60	\$30
Rehabilitation Unit ¹⁰		\$200	\$100
Non-Local Transportation ⁸		\$800	\$400
Family Member Lodging ⁹		\$200	\$100
Post-Accident Transportation ²		\$400	\$200
Accident Follow-Up Treatment ¹¹		\$100	\$50
ADDITIONAL RIDER BENEFIT		LOW PLAN	HIGH PLAN
Outpatient Physician's Benefit ¹²		\$25	\$50

*Benefits are payable once/covered accident/covered person

¹based on amounts shown in the Injury Benefit Schedule on reverse

²once/covered person/year

³per day, max. 90 days/injury

⁴payable once/covered person

⁵payable once/covered person/accident/year

⁶2 or more procedures through same entry point are considered 1 operation

⁷per day, max. 6 treatments/accident/covered person

⁸per trip, max. 3 times/accident

⁹per day, max. 30 days

¹⁰per day, max. 30 days/covered person/confinement, max. 60 days/year

¹¹per day, max. 2 treatments/accident/covered person

¹²per day, max. 2 days/covered person/year, 4 if dependents are covered



Allstate
BENEFITS

injury benefit schedule

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

	LOW PLAN	HIGH PLAN
LOSS OF LIFE OR LIMB		
Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000	\$60,000
One eye, hand, arm, foot, or leg	\$20,000	\$30,000
One or more entire toes or fingers	\$4,000	\$6,000
COMPLETE DISLOCATION	LOW PLAN	HIGH PLAN
Hip joint	\$4,000	\$6,000
Knee or ankle joint*, bone or bones of the foot*	\$1,600	\$2,400
Wrist joint	\$1,400	\$2,100
Elbow joint	\$1,200	\$1,800
Shoulder joint	\$800	\$1,200
Bone or bones of the hand*, collarbone	\$600	\$900
Two or more fingers or toes	\$280	\$420
One finger or toe	\$120	\$180
COMPLETE, SIMPLE OR CLOSED FRACTURE	LOW PLAN	HIGH PLAN
Hip, thigh (femur), pelvis**	\$4,000	\$6,000
Skull**	\$3,800	\$5,700
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200	\$3,300
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600	\$2,400
Foot**, hand or wrist**	\$1,400	\$2,100
Lower jaw**	\$800	\$1,200
Two or more ribs, fingers or toes, bones of face or nose	\$600	\$900
One rib, finger or toe, coccyx	\$280	\$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 - low plan

MODE	EE	EE + SP	EE + CH	F
Weekly	\$2.41	\$3.56	\$4.83	\$6.05
Monthly	\$10.42	\$15.41	\$20.93	\$26.18

premiums - high plan

MODE	EE	EE + SP	EE + CH	F
Weekly	\$3.32	\$4.88	\$6.68	\$8.36
Monthly	\$14.37	\$21.14	\$28.93	\$36.21

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

Issue Ages: 18 and over if Actively at Work

This insert is for use in: OH

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