

Even when you live well, accidents happen. 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.



Roughly 3 out of 4 Americans are living paycheck-to-paycheck, with little to no emergency savings.¹

¹<http://money.cnn.com/2013/06/24/pf/emergency-savings/>

With Accident insurance from Allstate Benefits, you can gain the advantage of financial protection thanks to the cash benefits and additional financial empowerment to seek the treatment needed to get well.

HERE'S HOW IT WORKS

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

With Allstate Benefits, you can protect your finances against life's slips and falls.

Are you in Good Hands?®

You can be.

HOW BENEFITS ARE PAID TO YOU

YOU DECIDE HOW TO USE YOUR BENEFITS

Our Accident coverage pays **CASH BENEFITS** when you suffer an accidental injury. It provides you with greater coverage options by allowing you to determine how you will use the cash benefits you receive.



Finances

Can help protect your finances, retirement plans and standard of living

Benefits

Works with your current medical coverage, not against it

Family

Coverage helps protect you and your family members, if they are covered

Choices

You decide how to use your cash benefits. Pay off your doctor bills or use it however you wish

Appliances

You can use your cash benefits to help pay for crutches, a walker or a wheelchair

Gas

Your cash benefits can be used to fill your tank when traveling to and from the doctor or therapy visits

Medicine

You can use your cash benefits to help pay for prescriptions and over-the-counter medicine

Claims

Cash benefits will be paid directly to you upon diagnosis or treatment (see reverse)

Therapy

Your cash benefits can be used to pay for physical therapy resulting from an accidental injury

BENEFITS

Base Policy benefits in your coverage include:

- Accidental Death
- Dismemberment
- Dislocation or Fracture
- Initial Hospital Confinement
- Ambulance
- Outpatient Physician's Treatment
- Common Carrier Accidental Death
- Hospital Confinement
- Intensive Care
- Medical Expenses

Outpatient Physician's Treatment Benefit

Pays when you receive treatment by a doctor outside of a hospital for any reason (doesn't have to be a result of an accidental injury). That's right, two times a year you can go to a doctor for any reason, and you get paid a benefit. Or, four times a year if you have family coverage.

Also Includes 24 Benefit Enhancements

Benefits for Lacerations, Burns, Paralysis, Blood and Plasma, General Anesthesia, Appliance, Medicine, Physical Therapy, Non-Local Transportation, plus more have been included to enhance your base coverage, giving you greater coverage options when accidents or injuries occur.

* Pays stated benefits subject to conditions and limits as noted.

Claims - Claims are paid directly to you; unless they are assigned to someone else.

CERTIFICATE SPECIFICATIONS

Conditions and Limits - When an injury results in a covered loss within 90 days (180 days for dismemberment or death; CT or MRI; Surgery; Anesthesia; or Prosthesis), 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 and 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.

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 Temporarily Not Working provision; (d) the date you are no longer in an eligible class; or (e) the date your class is no longer eligible.

Continuation of Coverage - You may be eligible to continue coverage when coverage under the policy ends.

Certificate and Benefit Enhancement Rider Exclusions and Limitations - Benefits are not paid for: (a) injury incurred before the effective date; (b) act of war or participation in a riot, insurrection or rebellion; (c) suicide or attempt at suicide; (d) any injury while under the influence of alcohol or any narcotic unless taken on the advice of a physician; (e) bacterial infection (except pyogenic infections from an accidental cut or wound); (f) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; (g) committing or attempting an assault or felony; (h) driving in any race or speed test or testing any vehicle on any racetrack or speedway; (i) hernia, including complications; or (j) serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

This material is valid as long as information remains current, but in no event later than April 1, 2018.

Group Accident benefits are provided by policy form GVAP1, or state variations thereof. Benefit Enhancement Rider provided by rider form GVAPBER, or state variations 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 information 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.

For use in enrollments, situated in IA.



Allstate
BENEFITS

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

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www.allstate.com or allstatebenefits.com.

BENEFIT AMOUNTS

BASE ACCIDENT BENEFITS

		LOW PLAN	HIGH PLAN
Accidental Death and Dismemberment ¹ (Dismemberment pays up to the amount shown)	Employee	\$40,000	\$60,000
	Spouse	\$20,000	\$30,000
	Children	\$10,000	\$15,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$200,000	\$300,000
	Spouse	\$100,000	\$150,000
	Children	\$50,000	\$75,000
Dislocation or Fracture ¹ (Dislocation or Fracture pays up to amount shown)	Employee	\$4,000	\$6,000
	Spouse	\$2,000	\$3,000
	Children	\$1,000	\$1,500
Initial Hospital Confinement ²		\$1,000	\$1,500
Hospital Confinement ³		\$200	\$300
Intensive Care ³		\$400	\$600
Medical Expenses (Pays up to amount shown)		\$500	\$750
Ambulance	Ground	\$200	\$300
	Air	\$600	\$900
Outpatient Physician's Treatment ⁴		\$50	\$75
Hospital Admission ^{5, ♦, T} and Ruptured Spinal Disc Surgery ^{6, ♦}		\$500	\$500
Lacerations ^{7, ♦, T} , Accident Follow-Up Treatment ^{8, ♦} , and Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) ^{9, ♦}		\$50	\$50
Burns ^{*, T} (other than sun burns)	< 15% of body surface	\$100	\$100
	> 15% or more	\$500	\$500
Skin Graft (% of Burns Benefit)*		50%	50%
Brain Injury Diagnosis ^{2, TT}		\$150	\$150
Paralysis ^{2, T}	Paraplegia	\$7,500	\$7,500
	Quadriplegia	\$15,000	\$15,000
Coma with Respiratory Assistance ²		\$10,000	\$10,000
Open Abdominal or Thoracic Surgery ^{6, T}		\$1,000	\$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery ⁶	Surgery	\$500	\$500
	Exploratory	\$150	\$150
Eye Surgery ^{*, ♦} , Rehabilitation Unit ^{10, ♦} , General Anesthesia [♦] and Family Member Lodging ^{11, ♦}		\$100	\$100
Blood and Plasma ^{*, T}		\$300	\$300
Appliance [*]		\$125	\$125
Medical Supplies ^{*, ♦} and Medicine ^{*, ♦}		\$5	\$5
Prosthesis [*]	One device	\$500	\$500
	Two or more devices	\$1,000	\$1,000
Physical Therapy ¹²		\$30	\$30
Non-Local Transportation ¹³		\$400	\$400
Post-Accident Transportation ⁷		\$200	\$200

Brain Injury Diagnosis - includes concussion, cerebral lacerations or contusion, intracranial hemorrhage.

Paralysis - duration of 90 or more days.

Coma with Respiratory Assistance - duration of 7 or more days; medically induced coma not covered.

Accident Follow-up Treatment, Physical Therapy, Medical Supplies and Medicine - when Medical Expenses benefit is paid.

Prosthesis - when Dismemberment benefit is paid for arm, leg, hand, foot, or eye.

♦ Each benefit pays the amount shown.

* Benefits are payable once/covered accident/covered person

¹ Based on amounts shown in the Injury Benefit Schedule on reverse. Multiple dismemberments, dislocations, and fractures from the same accident are limited to the principal amount shown.

² Payable once/covered person.

³ Per day, max. 90 days/injury.

⁴ Per visit, max. 2 visits/year, 4 if dependents are covered.

⁵ Within 3 days after the accident. Payable once/covered person/confinement/year, after 12 months of rider coverage.

⁶ 2 or more procedures through same entry point are considered 1 operation.

⁷ Payable once/covered person/year. For Post-Accident Transportation, more than 250 miles from your home, by common carrier.

⁸ Per day, max. 2 treatments/accident/covered person. Not payable for same visit for which Physical Therapy benefit is paid.

⁹ Must begin or be received within 180 days of the accident, if treatment is received within 30 days of the accident. Payable once/covered person/accident/year.

¹⁰ Per day, max. 30 days/covered person/confinement, max. 60 days/year. Not payable for days that the Daily Hospital Confinement benefit is paid.

¹¹ Per day, max. 30 days, if receiving treatment more than 100 miles from family member's home.

¹² Must be received within 6 months after the accident, per day, max. 6 treatments/accident/covered person. Not payable for chiropractic services or for same visit for which Accident Follow-Up Treatment benefit is paid.

¹³ Per trip, max. 3 times/accident. More than 100 miles from your home.

^T Within 3 days after the accident.

^{TT} Within 30 days after accident, treated by physician within 3 days after accident.

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).

LOW PLAN PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$9.00	\$16.93	\$18.42	\$22.45

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family
Issue Ages: 18 and over if Actively at Work

HIGH PLAN PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$12.34	\$23.61	\$25.84	\$31.73



This insert is for use in: IA

This insert is part of flyer ABJ29727X and is not to be used on its own.

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