



# Are you protected from life's accidents?

There are things that you or your family do daily that may lead to an accidental injury and out-of-pocket expenses.



SPORTS



TRAVEL



WORK

## 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 on- or off-the-job accidental injury occur.



# group voluntary accident

No one plans to have an accident. But, it can happen at any moment throughout the day, whether at work 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 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.\*



\*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 on- and off-the-job accidental injuries including hospitalization, emergency treatment, intensive care, fractures, plus more
- 24-hour accident coverage for yourself or your entire family
- Affordable premiums
- Benefits paid directly to you, unless you assign them to someone else
- Continuation of coverage

## your benefit coverage<sup>†</sup>

**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 dismembersments 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.

**Initial Hospital Confinement** - Pays a benefit when you are confined in a hospital for the first time after your effective date.

**Hospital Confinement** - Pays a benefit when you are confined in a hospital.

**Intensive Care** - Pays a benefit when you are confined in a hospital intensive-care unit.

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

**Medical Expenses** - Pays a benefit when you have medical expenses.

**Outpatient Physician's Treatment** - Pays a benefit when you are treated by a physician outside of a hospital for any reason, subject to the limitations on page 3.

<sup>†</sup>Pays stated amounts for accidents only. Benefit amounts are shown on pages 2a and/or 2b.

See page 3 for limits and conditions and state variations.

Sports can lead to accidents



Child is hurt playing ball



is taken to the hospital



and is seen by a physician

## coverage specifications

**Conditions and Limits** - When an injury results in a covered loss within 90 days (180 days for dismemberment or 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 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. You have 60 days after coverage under the policy ends to let us know if you wish to continue coverage.

**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.

### STATE VARIATIONS

**Massachusetts** (change affects page 3) - In the **Dependent Eligibility/Termination** paragraph, item (c) is replaced with: Spouse coverage ends upon your death.

**New Jersey (changes affect page 3) - Continuation of Coverage** is replaced with: You may be eligible to continue or convert coverage when coverage under the policy ends.

**Exclusions and Limitations** paragraph, item (b) is replaced with: any act of war whether or not declared, participation in a riot or insurrection. Item (d) is replaced with: a loss sustained or contracted while being intoxicated or under the influence of any narcotic unless administered upon the advice of a physician. Item (g) is replaced with: injury sustained while committing or attempting to commit a felony or to which a contributing cause was the covered person's engagement in an illegal occupation. Items (h) and (i) are deleted.

**Pennsylvania (changes affect pages 2 and 3) - Dismemberment** is replaced with: Pays for dismemberment. **Dislocation or Fracture** is replaced with: Pays for dislocation or fracture. **Conditions and Limits** is replaced with: When an injury results in a covered loss within 90 days (90-day time limit not applicable to Accidental Death and Common Carrier 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.** In the **Dependent Eligibility/Termination** paragraph, the following is added to item (b): Coverage will not terminate due to age on a child who was a full-time student and whose studies were interrupted by active duty service in the military. In the **Exclusions and Limitations** paragraph, item (d) is replaced with: any injury sustained or contracted in consequence of being intoxicated, or under the influence of any narcotic unless administered on the advice of a physician. Item (i) is replaced with: hernia, including complications due to hernia will be excluded during the first 6 months of coverage but will be covered thereafter.

**Vermont (changes affect page 3) - In the Dependent Eligibility/Termination** paragraph, item (a) is replaced with: Coverage may include you, your spouse or civil union partner, and children. **Exclusions and Limitations** paragraph, item (b) is replaced with: any act of war, participation in a riot or insurrection. Item (g) is replaced with: committing or attempting to commit a felony. Item (d) is deleted. Item (h) is deleted. Item (i) is replaced with: hernia, including complications due to hernia will be excluded for the first 6 months of coverage but will be covered thereafter.

**Rev. 12/13. This material is valid as long as information remains current, but in no event later than December 15, 2016.** Group Voluntary Accident benefits provided by policy form GVAP1, or state variations thereof.

**Coverage is provided by Limited Benefit Supplemental Health 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.

This brochure is for use in enrollments situated in:  
ME, MA, NJ, PA, RI, VT



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.

©2013 Allstate Insurance Company. [www.allstate.com](http://www.allstate.com) or [allstatebenefits.com](http://allstatebenefits.com).

# group voluntary accident

## BASE ACCIDENT BENEFITS

|   |                                    | Employee<br>Spouse<br>Child | PLAN  |
|---|------------------------------------|-----------------------------|---|
| Accidental Death                              |                                    | Employee<br>Spouse<br>Child | \$40,000<br>\$20,000<br>\$10,000  |
| Common Carrier<br>Accidental Death            |                                    | Employee<br>Spouse<br>Child | \$200,000<br>\$100,000<br>\$50,000  |
| Dismemberment                                 |                                    | Employee<br>Spouse<br>Child | up to \$40,000 <sup>1</sup><br>up to \$20,000 <sup>1</sup><br>up to \$10,000 <sup>1</sup> |
| Dislocation and Fracture                      |                                    | Employee<br>Spouse<br>Child | up to \$4,000 <sup>1</sup><br>up to \$2,000 <sup>1</sup><br>up to \$1,000 <sup>1</sup>    |
| Initial Hospital Confinement <sup>2</sup>     |                                    |                             | \$1,000   |
| Hospital Confinement <sup>3</sup>             |                                    |                             | \$200   |
| Intensive Care <sup>3</sup>                   |                                    |                             | \$400   |
| Ambulance                                     | Regular Ambulance<br>Air Ambulance |                             | \$200<br>\$600  |
| Medical Expenses                              |                                    |                             | up to \$500   |
| Outpatient Physician's Treatment <sup>4</sup> |                                    |                             | \$50  |

<sup>1</sup> Based on amounts shown in the Injury Benefit Schedule below

<sup>2</sup> payable once/covered person

<sup>3</sup> per day, max. 90 days/injury

<sup>4</sup> per visit, max. 2 visits/year, 4 if dependents are covered

## injury benefit schedule

### LOSS OF LIFE OR LIMB

|  | PLAN     |
|--|----------|
| Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg | \$40,000 |
| One eye, hand, arm, foot, or leg   | \$20,000 |
| One or more entire toes or fingers   | \$4,000  |

### COMPLETE DISLOCATION

|  | PLAN    |
|--|---------|
| Hip joint  | \$4,000 |
| Knee or ankle joint*, bone or bones of the foot* | \$1,600 |
| Wrist joint                                      | \$1,400 |
| Elbow joint                                      | \$1,200 |
| Shoulder joint                                   | \$800   |
| Bone or bones of the hand*, collarbone           | \$600   |
| Two or more fingers or toes                      | \$280   |
| One finger or toe                                | \$120   |

Benefit amounts for coverage and one occurrence are shown to the left.

Covered spouse gets 50% of the amounts shown and children 25%.

\*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).

### COMPLETE, SIMPLE OR CLOSED FRACTURE

|  | PLAN    |
|--|---------|
| Hip, thigh (femur), pelvis**   | \$4,000 |
| Skull**  | \$3,800 |
| Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula) | \$2,200 |
| Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)               | \$1,600 |
| Foot**, hand or wrist**  | \$1,400 |
| Lower jaw**  | \$800   |
| Two or more ribs, fingers or toes, bones of face or nose                                 | \$600   |
| One rib, finger or toe, coccyx   | \$280   |



## premiums

| MODE    | PLAN | EE      | EE + SP | EE + CH | F       |
|---------|------|---------|---------|---------|---------|
| Weekly  | PLAN | \$3.59  | \$6.67  | \$7.36  | \$9.07  |
| Monthly | PLAN | \$15.52 | \$28.88 | \$31.86 | \$39.28 |

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: MA, NJ, PA, RI, VT

This insert is part of brochure ABJ16573-2 and is not to be used on its own. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2013 Allstate Insurance Company. [www.allstate.com](http://www.allstate.com) or [allstatebenefits.com](http://allstatebenefits.com).