



**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.




Allstate
BENEFITS


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 employee chooses benefit coverage under his **Employer Approved Plan**




2 years later the employee is traveling to work, 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
Medical Expenses (surgery)	\$ 500
Initial Hospital Confinement	\$ 1,000
3-Day Hospital Stay	\$ 600
Outpatient Doctor Visit	\$ 50

With Accident Coverage
Additional dollars to pay for copay, deductible and other costs
Benefits paid: **\$2,750**



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 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[†]

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.

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.

[†]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



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group voluntary accident

BASE ACCIDENT BENEFITS

		PLAN	
Accidental Death	Employee	\$40,000	
	Spouse	\$20,000	
	Child	\$10,000	
Common Carrier Accidental Death	Employee	\$200,000	
	Spouse	\$100,000	
	Child	\$50,000	
Dismemberment	Employee	up to \$40,000 ¹	
	Spouse	up to \$20,000 ¹	
	Child	up to \$10,000 ¹	
Dislocation and Fracture	Employee	up to \$4,000 ¹	¹ Based on amounts shown in the Injury Benefit Schedule below
	Spouse	up to \$2,000 ¹	
	Child	up to \$1,000 ¹	
Initial Hospital Confinement ²		\$1,000	² payable once/covered person
Hospital Confinement ³		\$200	
Intensive Care ³		\$400	³ per day, max. 90 days/injury
Ambulance	Regular Ambulance	\$200	
	Air Ambulance	\$600	⁴ per visit, max. 2 visits/year, 4 if dependents are covered
Medical Expenses		up to \$500	
Outpatient Physician's Treatment ⁴		\$50	

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	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).
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	
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

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