



# Accident Insurance

Protection for accidental injuries off-the-job

## THINK ABOUT THIS



More than 85% of medically consulted injuries suffered by workers occurred off the job\*



Every 10 minutes, 1,054 people suffer an injury severe enough to require a doctor or medical professional†

Coverage offered to the employees of:

## Direct Distributors

When an accidental injury requires medical attention, the costs can pile up quickly. Accident Insurance from Allstate Benefits can help pick up where other insurance leaves off, providing a cash benefit to help cover expenses.

### Here's How It Works

- Select a benefit and premium amount that meets your needs
- Premiums will be deducted each pay period
- If you have an accident and receive medical attention, file a claim to receive cash benefits\*

### Protecting Your Finances

You've worked hard for your savings - don't let an accident wipe it out.

- Protect your checking and savings
- Don't dip into your HSA or 401(k)



### Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations\*
- Coverage can include your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

\*National Safety Council, Injury Facts®, 2022 Edition. †Subject to exclusions and limitations, please refer to the Exclusions and Limitations section of this brochure.



# Meet Daniel and Sandy

## CHOOSE

Daniel signs up for Allstate Benefits Accident Insurance during his employer's Open Enrollment.

## USE

A few months later, Daniel hurts his leg playing basketball. Here's his story:



### Ambulance

Daniel's teammate calls an ambulance to take him to the hospital



### Tests

After X-rays, the doctors determine that Daniel ruptured his Achilles tendon



### Hospital Stay

He is admitted to the hospital for a one-day stay to undergo surgery



### Surgery

Daniel undergoes surgery and is sent home with crutches and medications



### Recovery

Daniel undergoes six weeks of physical therapy to regain strength in his leg

## CLAIM

Daniel files a claim on his Allstate Benefits Hospital Accident coverage through the convenient web portal, **MyBenefits\***.

**He receives cash benefits for:**

- Ground Ambulance
- Medicine
- Medical Expenses (Emergency Room and X-rays)
- Hospitalization Confinement
- Daily Hospitalization Confinement
- Accident Physician's Treatment
- Tendon Surgery
- General Anesthesia
- Outpatient Physician
- Physical Therapy (1 day/week)

### \*MyBenefits Claim Filing Portal

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more  
[Access: mybenefits.allstate.com](https://mybenefits.allstate.com)

## Here are some of the ways Daniel can use his cash benefits



### Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted



### Travel

Can help pay for expenses while receiving treatment in another city



### Home

Can help pay the mortgage, continue rental payments, or afford home repairs for after care



### Expenses

Can help pay for his family's living expenses, such as bills, electricity, and gas

The example above details a fictional situation; your individual experience may vary. For a listing of benefits and benefit amounts, see pages 3 and 4.

# Group Voluntary Accident (GVAP2)

## Off-the-Job Accident Insurance from Allstate Benefits

See attached **Important information About Coverage.**

Offered to the employees of: **Account Original Effective Date: 6/1/2016**

### Direct Distributors

#### BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the Important Information About Coverage.

BASE ACCIDENT BENEFITS		PLAN 1	PLAN 2
Accidental Death	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
Dismemberment <sup>1</sup>	Employee	\$40,000	\$60,000
	Spouse	\$20,000	\$30,000
	Children	\$10,000	\$15,000
Dislocation or Fracture <sup>1</sup>	Employee	\$4,000	\$6,000
	Spouse	\$2,000	\$3,000
	Children	\$1,000	\$1,500
Hospital Confinement (Pays once/year)		\$1,000	\$1,500
Daily Hospital Confinement (Pays daily)		\$200	\$300
Intensive Care (Pays daily)		\$400	\$600
Ambulance	Ground	\$200	\$300
	Air	\$600	\$900
Accident Physician's Treatment		\$100	\$150
X-Ray		\$200	\$300
Emergency Room Services		\$200	\$300

<sup>1</sup>Up to amount shown; actual amount paid depends on injury and is based on Schedule of Benefits and Factors in your certificate of coverage. Multiple losses from same injury pay only up to amount shown above.

BENEFIT ENHANCEMENTS		PLAN 1	PLAN 2
Lacerations <sup>2</sup> (Pays once/year)		\$100	\$100
Burns <sup>2</sup> (other than sunburns)	< 15% body surface	\$200	\$200
	> 15% or more	\$1,000	\$1,000
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis <sup>2</sup> (Pays once)		\$300	\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)		\$100	\$100
Paralysis <sup>2</sup> (Pays once)	Paraplegia	\$15,000	\$15,000
	Quadriplegia	\$30,000	\$30,000
Coma with Respiratory Assistance (Pays once)		\$20,000	\$20,000
Open Abdominal or Thoracic Surgery <sup>2</sup>		\$2,000	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000	\$1,000
	Exploratory	\$300	\$300
Ruptured Spinal Disc Surgery		\$1,000	\$1,000
Eye Surgery		\$200	\$200
General Anesthesia		\$200	\$200
Blood and Plasma <sup>2</sup>		\$600	\$600
Appliance		\$250	\$250
Medical Supplies		\$10	\$10
Medicine		\$10	\$10
Prosthesis	1 device	\$1,000	\$1,000
	2 or more devices	\$2,000	\$2,000
Physical Therapy (Pays daily; max. 6 days/accident)		\$60	\$60
Rehabilitation Unit (Pays daily)		\$200	\$200
Non-Local Transportation		\$800	\$800
Family Member Lodging		\$200	\$200
Post-Accident Transportation (Pays once/year)		\$400	\$400
Accident Follow-Up Treatment		\$100	\$100
ADDITIONAL RIDER BENEFIT		PLAN 1	PLAN 2
Outpatient Physician's Benefit		\$100	\$100

<sup>2</sup>Within 3 days after accident.

**PLAN 1 PREMIUMS**

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$6.36	\$9.14	\$12.92	\$16.14

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

**PLAN 2 PREMIUMS**

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$8.56	\$12.44	\$17.30	\$21.64

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

For Internal Home Office use only

Opt 1 - 2.00U Base; 2.00U Ber; 4.00U Opt

Opt 2 - 3.00U Base; 2.00U Ber; 4.00U Opt



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Confidential Information

## Benefits - Benefit paid for the following conditions (subject to limits listed on pages 3 and 4)

### BASE POLICY BENEFITS

**Accidental Death** - must begin or be received within 180 days of the accident

**Common Carrier Accidental Death** - riding as a fare-paying passenger on a scheduled common carrier

**Dismemberment** - amount paid depends on type of dismemberment. See Injury Benefit Schedule on page 4. Multiple dismemberments, dislocations or fractures are limited to the amount shown on pages 3 and 4

**Dislocation or Fracture** - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule on page 4. Multiple dismemberments, dislocations or fractures are limited to the amount shown on pages 3 and 4

**Hospitalization Confinement** - initial hospitalization after the effective date

**Daily Hospitalization Confinement** - up to 90 days for any one injury

**Intensive Care** - up to 90 days for each period of continuous confinement

**Ambulance Services** - transfer to or from hospital by ambulance service

**Accident Physician's Treatment** - treatment by a doctor due to an injury

**X-ray** - due to an injury

**Emergency Room Services** - services received at an emergency room due to an injury

### BENEFIT ENHANCEMENTS

**Lacerations** - treatment for one or more lacerations (cuts). Within 3 days after the accident

**Burns** - treatment for one or more burns, other than sunburns. Within 3 days after the accident

**Skin Graft** - receiving a skin graft for which a benefit is paid under the Burns benefit

**Brain Injury Diagnosis** - diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage within 30 days after the accident. Must be diagnosed by CT Scan, MRI, EEG, PET scan or X-ray. Must first be treated by a physician within 3 days after the accident

**Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)** - must first be treated by a physician within 30 days after the accident. CT or MRI must be received within 180 days of the accident

**Paralysis** - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for 90 consecutive days. Within 3 days after the accident

**Coma with Respiratory Assistance** - unconsciousness lasting 7 or more days; intubation required. Medically induced comas excluded

**Open Abdominal or Thoracic Surgery** - benefit paid even if no surgical repair is required. Two or more surgeries done at the same time are considered one operation

**Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery** - surgery for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery. Must be received within 180 days of the accident. Two or more surgeries done at the same time are considered one operation

**Ruptured Disc Surgery** - diagnosis and surgical repair to a ruptured disc of the spine by a physician. Two or more surgeries done at the same time are considered one operation

**Eye Surgery** - surgery or removal of a foreign object by a physician

**General Anesthesia** - payable only if one of the policy Surgery benefits is paid. Must begin or be received within 180 days of the accident

**Blood and Plasma** - transfusion after an accident. Within 3 days after the accident

**Appliance** - physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility

**Medical Supplies** - purchased over-the-counter medical supplies. Payable only if a benefit is paid for Accident Physician's Treatment or X-ray

**Medicine** - purchased prescription or over-the-counter medicines. Payable only if a benefit is paid for Accident Physician's Treatment or X-ray

**Prosthesis** - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident. Must begin or be received within 180 days of the accident. Payable only if a benefit is paid for loss of arm, leg, hand, foot or eye under the Dismemberment benefit

**Physical Therapy** - 1 treatment per day; maximum of 6 treatments per accident. Chiropractic services are excluded. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid. Must take place no longer than 6 months after accident. Payable only if a benefit is paid for Accident Physician's Treatment or X-ray

**Rehabilitation Unit** - must be hospital-confined due to an injury prior to being transferred to rehab. Paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. Not paid for days on which the Daily Hospitalization Confinement benefit is paid. Must take place no longer than 6 months after accident

**Non-Local Transportation** - treatment obtained at a non-local hospital or freestanding treatment center more than 100 miles from your home. Does not cover ambulance or physician's office or clinic visits for services other than treatment. Up to three times per covered person's per accident

**Family Member Lodging** - 1 adult family member to be with you while you are confined in a non-local hospital or freestanding treatment center. Not paid if family member lives within 100 miles of the hospital. Up to 30 days per accident. Payable only if a benefit is paid for Non-Local Transportation Benefit is paid

**Post-Accident Transportation** - to return home on a common-carrier after a hospital stay of 3 days or more if the accident occurs more than 250 miles from home. Common-carrier includes public airlines, railroads, and bus lines. Travel must take place within 48 hours following discharge. Payable only if a benefit is paid for Daily Hospitalization Confinement

**Accident Follow-Up Treatment** - must take place no longer than 6 months after the accident. Payable only if a benefit is paid for Accident Physician's Treatment or X-ray. Not payable for the same visit for which the Physical Therapy benefit is paid. Two treatments per covered person, per accident

## CERTIFICATE SPECIFICATIONS

### Conditions and Limits -

When an injury results in a covered loss within 90 days, 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.

### Eligibility -

Your employer decides who is eligible for your group (such as length of service and hours worked each week).

### Dependent Eligibility/Termination -

Coverage may include you, your spouse or domestic partner, and your children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends upon termination of the domestic partnership or your death.

### When Coverage Ends -

Coverage under the policy and riders (if included) ends on the earliest of: the date the policy or certificate is canceled; the last day of the period for which you made any required contributions; 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; the date you are no longer in an eligible class; or the date your class is no longer eligible.

### Continuing Your Coverage -

You may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

## EXCLUSIONS AND LIMITATIONS

### Exclusions and Limitations for the Base Policy -

Benefits are not paid for: injury incurred before the effective date; injury as a result of an on-the-job accident; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; injury while under the influence of alcohol or any narcotic, unless taken upon the advice of a physician; any bacterial infection (except pyogenic infections from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting an assault or felony; driving in any race or speed test or testing any vehicle on any racetrack or speedway; hernia, including complications; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

This brochure is for use in enrollments situated in NC. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than February 08, 2027.

Group Accident benefits are provided under policy form GVAP2, or state variations thereof.

**The coverage provided is 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. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

**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.**



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