



Allstate BENEFITS

Protection for accidental
off-the-job injuries
Includes coverage for
spouse and child(ren)

Accident Insurance

Protection for the bumps, bruises and breaks in your life.

If you or your family members lead an active lifestyle, you know accidents can happen at any time. When they do, treatment of an accidental injury can be costly, but is vital to recovery. It can also be expensive and lead to financial concerns over how to pay for the treatment, especially if your accidental injury keeps you away from work.

With Accident coverage from Allstate Benefits, you can gain the advantage of financial protection, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to get well.

Your current medical coverage will help pay for expenses associated with an injury, but won't cover all of the out-of-pocket expenses you may face. To help pick up where your medical insurance left off, our accidental injury coverage pays you cash benefits to help cover the costs of having an accident.

Meeting Your Needs

- Guaranteed Issue, meaning no medical questions to answer
- Benefits paid regardless of any other medical plan coverage
- Premiums are affordable, and conveniently payroll deducted
- Coverage may be continued, if you leave the Company or retire

With Allstate Benefits, you can protect your finances when an unexpected accidental injury occurs. **Are you in Good Hands? You can be.**

For details about the benefits, what they pay, and the cost of the coverage, see next pages.

DID YOU KNOW ?

In 2013

2 of 5

top reasons for treatment
in hospital emergency
departments included:



Falls¹



Struck By An Object¹

Offered to the employees of



MDOT
2016 OPEN ENROLLMENT:
September 12 - October 28

Meeting dates
and times for
each location TBD

Accident coverage pays you cash benefits that correspond with treatment. You decide how to use the cash benefits. They can be used to help with deductibles, treatment, rent and more.

Benefit Amounts

BASE POLICY BENEFITS

	LOW	HIGH
Initial Hospital Confinement (Pays once/year)	\$1,000	\$1,500
Daily Hospital Confinement (Pays daily/max. 365 days/accident)	\$200	\$300
Intensive Care (Pays daily/max. 180 days/injury)	\$400	\$600

ADDITIONAL RIDERS ADDED TO BASE POLICY

	LOW	HIGH
Accident Treatment and Urgent Care:		
Ground Ambulance (Air Ambulance pays 3Xs the amt. shown)	\$200	\$300
Accident Physician's Treatment	\$100	\$150
X-ray	\$200	\$300
Urgent Care	\$100	\$150
Dislocation or Fracture (Pays up to amount shown)	\$4,000	\$6,000
Outpatient Physician's Benefit Rider	\$50	\$75
Accidental Death, Dismemberment and Functional Loss Rider (Pays up to amount shown)		
Common Carrier Accidental Death (Fare-paying passenger)	\$100,000	\$150,000
Emergency Room Services	\$200	\$300
Benefit Enhancement:		
Lacerations	\$100	\$150
Burns (% Burns Benefit by body surface) (>15% pays 5Xs the amt. shown)	<15% \$200	\$300
Skin Graft (% of Burns Benefit)	50%	50%
Brain Injury Diagnosis	\$600	\$900
Paralysis (Pays once) (Quadriplegia pays 2Xs the amt. shown)	Paraplegia \$15,000	\$22,500
Coma with Respiratory Assistance (Pays once/accident)	\$20,000	\$30,000
Open Abdominal or Thoracic Surgery	\$2,000	\$3,000
Ruptured Spinal Disc Surgery	\$1,000	\$1,500
Eye Surgery	\$200	\$300
General Anesthesia (Paid if one of the rider Surgery benefits is paid)	\$200	\$300
Blood and Plasma	\$600	\$900
Appliance	\$250	\$375
Medical Supplies	\$10	\$15
Medicine	\$10	\$15
Prosthesis (2 or more devices pays 2Xs the amt. shown)	1 device \$1,000	\$1,500
Physical, Occupational, or Speech Therapy (Pays daily/max. 6 days/accident)	\$60	\$90
Rehabilitation Unit (Daily/max. 30 days confinement/max. 60 days/year)	\$200	\$300
Non-Local Transportation (Per trip/max. 3 times/accident)	\$500	\$750
Family Member Lodging (Pays up to 30 days/accident)	\$200	\$300
Post-Accident Transportation (Pays once/year)	\$400	\$600
Broken Tooth	\$200	\$300
Residence/Vehicle Modification (Within 365 days of accident)	\$1,000	\$1,500
Pain Management (Epidural injection)	\$100	\$150
Miscellaneous Outpatient Surgery (Not paid if any other surgery benefit is paid)	\$200	\$300
Accident Follow-up Treatment (Pays daily/max. 2 treatments/accident)	\$100	\$150
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery \$1,000 Exploratory \$300	\$1,500 \$450
Computed Tomography (CT) Scan/ Magnetic Resonance Imaging (MRI) (Pays once/year)	\$100	\$150

LOW MONTHLY PREMIUMS

EE	EE + SP	EE + CH	F
\$7.60	\$17.36	\$21.27	\$27.89

HIGH MONTHLY PREMIUMS

EE	EE + SP	EE + CH	F
\$11.40	\$26.03	\$31.89	\$41.82

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

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	LOW	HIGH
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	HIGH
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
LOSS	LOW	HIGH
Life, hearing, speech, 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

[^]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).

Conditions and Limits

When an injury results in a covered loss within 180 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.

Your Eligibility

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

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 the domestic partnership or your death.

Benefits Specifications

(see Benefit Amounts)

Daily Hospital Confinement - Max. 365 days/accident.

Intensive Care - Max. 180 days/injury.

Additional Rider

Dislocation/Fracture Rider - Multiple dislocations or fractures from the same accident are limited to the amount shown in the Base Accident Benefits on page of 2.

Optional Riders

Outpatient Physician's Benefit Rider -

Benefit limited to 2 days/person/year, not to exceed 4 days/year if coverage includes dependents.

Accidental Death, Dismemberment and

Functional Loss Rider - Multiple dismembersments and functional losses from the same accident are limited to the amount shown in the Base Accident Benefits on page 2.

Optional Benefit Enhancement Rider

Accident Follow-Up Treatment - Max. 2 treatments/accident. Not paid if Physical, Occupational or Speech Therapy benefit paid.

Burns - Other than sunburns.

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) - Treatments must be received within 30 days of accident.

Coma with Respiratory Assistance - Payable once/accident.

Open Abdominal or Thoracic Surgery; Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery; Ruptured Spinal Disc Surgery - For each surgical benefit, 2 or more procedures through same entry point are considered 1 operation.

General Anesthesia - Payable only if one of the rider Surgery benefits paid.

Physical, Occupational or Speech Therapy - Max. 6 days/accident. Includes chiropractic services. Not payable if Accident Follow-Up Treatment benefit paid.

Rehabilitation Unit - Per day, max. 30 days confinement, max. 60 days/year. Not paid if Daily Hospital Confinement benefit paid.

Non-Local Transportation - Per trip, max. 3 times/accident. More than 50 miles from your home.

Family Member Lodging - Payable up to 30 days/accident. Not payable if family member lives within 50 miles of hospital.

Post-Accident Transportation - More than 250 miles from your home, by common carrier. Only if Daily Hospital Confinement benefit paid.

Residence/Vehicle Modification - Within 365 days after accident.

Miscellaneous Outpatient Surgery - Not payable if any other Surgery benefit is paid.

Conditions, Limitations and Exclusions Affecting Your Benefits

When Coverage Ends

Coverage under the policy and riders ends on the earliest of: (a) the date the policy or certificate 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) 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.

Exclusions and Limitations

The Exclusions and Limitations apply to the base policy and the following riders: Accidental Death, Dismemberment and Functional Loss Rider, Accident Treatment and Urgent Care Rider, Benefit Enhancement Rider, Dislocation/Fracture Rider, Emergency Room Services Rider

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) intentionally self-inflicted injury or action; (e) any 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) engaging in an illegal occupation or 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; (j) any injury while under the influence of alcohol or any drug, unless taken as prescribed by a physician; (k) serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries; (l) an injury that occurred as a result of an on-the-job accident.

Outpatient Physician's Benefit Rider

Benefits are not paid for: (a) loss incurred before the effective date; (b) act of war, participation in a riot, insurrection or rebellion; (c) suicide or attempt at suicide; (d) intentionally self-inflicted injury or action; (e) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; (f) engaging in an illegal occupation or committing or attempting an assault or felony; (g) driving in any race or speed test or testing an automobile or any vehicle on any racetrack or speedway; (h) any loss while under the influence of alcohol or any drug, unless taken as prescribed by a physician; (i) serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries; (j) an injury that occurred as a result of an on-the-job accident.

For use in enrollments situated in: MS

This material is valid as long as information remains current, but in no event later than September 1, 2019.

Group Accident benefits are provided by policy form GVAP6, or state variations thereof. Additional Rider Benefits provided by the following rider forms, or state variations thereof: Accident Treatment and Urgent Care Rider (GP6AUC); Dislocation/Fracture Rider (GP6DF); Outpatient Physician's Benefit Rider (GP6OPT); Accidental Death, Dismemberment and Functional Loss Rider (GP6ADD); Emergency Room Services Rider (GP6ERS); and Benefit Enhancement Rider (GP6BE).

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.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2016 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

For further information and questions, utilize the contact information below.

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