



**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

Benefit coverage for  
VITAS Innovative Hospice Care

## 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 policy 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	\$ 1,200
Hospital Admission	\$ 1,000
Open Abdominal/Thoracic Surgery	\$ 2,000
Medicine	\$ 10
Medical Expenses (surgery)	\$ 600
Initial Hospital Confinement	\$ 1,000
3-Day Hospital Stay	\$ 1,200
Outpatient Doctor Visit	\$ 50

**With Accident Coverage**  
Additional dollars to pay for copay, deductible and other costs  
**Benefits paid: \$7,060**



**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
- Additional rider benefits have been added to the plan, and are designed to enhance your coverage
- Continuation of coverage

\*\*During open enrollment only. If you enroll after the open-enrollment period, evidence of insurability may be required.

## 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 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 4.

<sup>†</sup>Pays stated amounts for accidents only. Benefit amounts are shown on pages 2a and/or 2b. See page 4 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

## BENEFIT ENHANCEMENT RIDER

**Hospital Admission** - Pays a benefit for your first hospital confinement, after you have been continuously covered by this rider for 12 months. Must be confined within 3 days after the accident.

**Lacerations** - Pays a benefit when you receive treatment for 1 or more cuts within 3 days after an accident.

**Burns** - Pays a benefit when you receive treatment for burns, other than sun burns, within 3 days after an accident.

**Skin Graft\*\*** - Pays a benefit when you receive a skin graft for a covered burn.

**Brain Injury Diagnosis** - Pays a benefit when you are diagnosed with 1 of these within 30 days after an accident: concussion, cerebral laceration, cerebral contusion, or intracranial hemorrhage. Must be first treated by a physician within 3 days after the accident.

**Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)\*** - Pays a benefit when you receive a CT scan or MRI. Must be first treated by a physician within 30 days after the accident.

**Paralysis** - Pays a one-time benefit when you are paralyzed from a spinal-cord injury for at least 90 days. Must be confirmed by a physician within 3 days after the accident.

**Coma With Respiratory Assistance** - Pays a one-time benefit when you are in a coma for at least 7 days. Medically induced comas are not covered.

**Open Abdominal or Thoracic Surgery** - Pays a benefit when you have surgery for internal injuries within 3 days after the accident.

**Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery\*** - Pays a benefit when you have surgery to repair a tendon, ligament, rotator cuff or knee cartilage; or for exploratory arthroscopic surgery.

**Ruptured Disc Surgery\*** - Pays a benefit when you have a surgical procedure to repair a ruptured spinal disc.

**Eye Surgery\*\*** - Pays a benefit when you have surgery or a foreign object removed from the eye.

**General Anesthesia\*** - Pays a benefit for general anesthesia for a covered surgery.

**Blood and Plasma** - Pays a benefit for a blood or plasma transfusion within 3 days after an accident.

**Appliance\*\*** - Pays a benefit for 1 of the following: wheelchair, crutches, or walker.

**Medical Supplies\*\*** - Pays a benefit for over-the-counter medical supplies when the a benefit is also paid under Medical Expenses benefit.

**Medicine\*\*** - Pays a benefit for prescription or over-the-counter medicine when a benefit is also paid under the Medical Expenses benefit.

**Prosthesis\*** - Pays a benefit for a physician-prescribed prosthetic arm, leg, hand, foot or eye when a benefit is also paid under the Dismemberment benefit.

**Physical Therapy\*\*** - Pays a benefit for physician-prescribed physical therapy within 6 months after the accident. Not payable for chiropractic services or for the same visit that the Accident Follow-up Treatment benefit is paid.

**Rehabilitation Unit** - Pays a benefit when you are confined in a rehabilitation unit after a hospital stay. Not payable for days that the Daily Hospital Confinement benefit is paid.

**Non-Local Transportation** - Pays a benefit when you have physician-prescribed treatment at a hospital or treatment center more than 100 miles from your home.

**Family Member Lodging** - Pays a benefit when one adult family member accompanies you to receive treatment at a hospital or treatment center more than 100 miles from the family member's home.

**Post-Accident Transportation** - Pays a benefit when you are hospital-confined for at least 3 days in a row more than 250 miles from your home, and you are brought home by a common carrier.

**Accident Follow-Up Treatment\*\*** - Pays a benefit when you receive follow-up treatment from a physician in their office or in a hospital as an outpatient. Must take place within 6 months after the accident. Not payable for the same visit for which the Physical Therapy benefit is paid.

\*Must begin or be received within 180 days of the accident.

\*\*Must begin, be received, or performed within 90 days of the accident.

## 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.

**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.

**Pre-Existing Condition Limitation** - (a) Benefits are not paid during the first 12 months of coverage if caused by a pre-existing condition. (b) A pre-existing condition is a condition for which symptoms existed within the 12 months prior to the effective date; or medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date. (c) A pre-existing condition can exist even though a diagnosis has not yet been made.

## STATE VARIATIONS

**Florida (changes affect pages 3 and 4)** - The **Benefit Enhancement Rider** has been changed to: **Additional Benefits**. The benefits described are part of the policy and not added as a rider. In the **Dependent Eligibility/Termination** paragraph, Item (a) is replaced with: Coverage may include you, your spouse or domestic partner and children. Item (c) is replaced with: Spouse/domestic partner coverage ends upon valid decree of divorce/termination of the domestic partnership or your death.





# EMERGENCY

## Don't wait for a sign...

An accidental injury can be costly, especially if you are financially unprepared. 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. Don't wait until you are rushed to the emergency room to realize you need more protection.

Start thinking about the future of your finances today and plan for any emergency that comes your way. You can rely on our Group Accident Insurance to help provide the financial assistance you need when you need it most so you can concentrate on your recovery.



If you suffer an accidental injury, would you be able to handle the extra expenses associated with your recovery?

**It's never too early to prepare for the future.**

**This material is valid as long as information remains current, but in no event later than October 15, 2016.**

Group Voluntary Accident benefits provided by policy form GVAP1, or state variations thereof. Benefit Enhancement Rider provided by policy form GVAPBER, 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 the VITAS Innovative Hospice Care enrollment which is situated in FL.



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

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Benefit coverage for  
**VITAS Innovative Hospice Care**  
 group voluntary accident

**BASE ACCIDENT BENEFITS**

		<b>PLAN</b>
Accidental Death	Employee	\$100,000
	Spouse	\$50,000
	Child	\$25,000
Common Carrier Accidental Death	Employee	\$500,000
	Spouse	\$250,000
	Child	\$125,000
Dismemberment	Employee	up to \$100,000 <sup>1</sup>
	Spouse	up to \$50,000 <sup>1</sup>
	Child	up to \$25,000 <sup>1</sup>
Dislocation and Fracture	Employee	up to \$4,000 <sup>1</sup>
	Spouse	up to \$2,000 <sup>1</sup>
	Child	up to \$1,000 <sup>1</sup>
Initial Hospital Confinement <sup>2</sup>		\$1,000
Hospital Confinement <sup>3</sup>		\$400
Intensive Care <sup>3</sup>		\$800
Ambulance	Regular Ambulance	\$400
	Air Ambulance	\$1,200
Medical Expenses		up to \$600
Outpatient Physician's Treatment <sup>4</sup>		\$50
<b>ADDITIONAL BENEFITS</b>		<b>PLAN</b>
Hospital Admission <sup>5</sup>		\$1,000
Lacerations <sup>6</sup>		\$100
Burns*	< 15% of body surface	\$200
	> 15% or more	\$1,000
Skin Graft (% of Burns)*		50%
Brain Injury Diagnosis <sup>2</sup>		\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) <sup>7</sup>		\$100
Paralysis <sup>2</sup>	Paraplegia	\$15,000
	Quadriplegia	\$30,000
Coma with Respiratory Assistance <sup>2</sup>		\$20,000
Open Abdominal or Thoracic Surgery <sup>8</sup>		\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery <sup>8</sup>	Surgery	\$1,000
	Exploratory	\$300
Ruptured Disc Surgery <sup>8</sup>		\$1,000
Eye Surgery*		\$200
General Anesthesia		\$200
Blood and Plasma*		\$600
Appliance*		\$250
Medical Supplies*		\$10
Medicine*		\$10
Prosthesis*	One Device	\$1,000
	Two or More	\$2,000
Physical Therapy <sup>9</sup>		\$60
Rehabilitation Unit <sup>10</sup>		\$200
Non-Local Transportation <sup>11</sup>		\$800
Family Member Lodging <sup>12</sup>		\$200
Post-Accident Transportation <sup>6</sup>		\$400
Accident Follow-Up Treatment <sup>13</sup>		\$100

\* Benefits are payable once/covered accident/covered person

<sup>1</sup> based on amounts shown in the Injury Benefit Schedule on reverse

<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

<sup>5</sup> payable once/covered person/confinement/year

<sup>6</sup> payable once/covered person/year

<sup>7</sup> payable once/covered person/accident/year

<sup>8</sup> 2 or more procedures through same entry point are considered 1 operation

<sup>9</sup> per day, max. 6 treatments/accident/covered person

<sup>10</sup> per day, max. 30 days/covered person/confinement, max. 60 days/year

<sup>11</sup> per trip, max. 3 times/accident

<sup>12</sup> per day, max. 30 days

<sup>13</sup> per day, max. 2 treatments/accident/covered person



## injury benefit schedule

Benefit amounts for coverage and one occurrence are shown below.  
Covered spouse gets 50% of the amounts shown and children 25%.

<b>LOSS OF LIFE OR LIMB</b>	<b>PLAN</b>
Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$100,000
One eye, hand, arm, foot, or leg	\$50,000
One or more entire toes or fingers	\$10,000
<b>COMPLETE DISLOCATION</b>	<b>PLAN</b>
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
<b>COMPLETE, SIMPLE OR CLOSED FRACTURE</b>	<b>PLAN</b>
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

\*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).

## premiums

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$6.70	\$12.42	\$11.36	\$17.06

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: FL

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