

# Accident Insurance

from Allstate Benefits



Benefits are paid to you

Protection for accidental injuries on- and off-the-job, 24-hours a day

## 1 CHOOSE

You choose the benefits to help protect yourself and any family members from accidental injury expenses

## 2 USE

You or a covered family member experience an accidental injury and seek medical attention

## 3 CLAIM

You go online and file a claim. The cash benefits are paid to you, to use however you wish

Even when you live well, accidents happen. Treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

### ON-THE-JOB



Work  
4.9m

### OFF-THE-JOB



Home  
8.3m



Non-auto  
3.6m



Auto  
2.0m

The number of injuries (in millions) suffered by workers in one year, both on- and off-the-job.<sup>1</sup>

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 help cover the expenses.

With accident insurance 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.

### Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

With Allstate Benefits, you can protect your finances against life's slips and falls.

**Are you in Good Hands? You can be.**

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

### Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer
- Coverage available for spouse and child(ren)
- Premiums are affordable and are conveniently payroll deducted
- Coverage can be continued, as long as premiums are paid to Allstate Benefits

[See reverse for plan details](#)



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<sup>1</sup>National Safety Council, Injury Facts®, 2014 Edition

## YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options because you get to determine how to use them.



### Finances

Can help protect your HSAs, savings, retirement plans and 401ks from being depleted



### Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city



### Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care



### Expenses

The lump-sum cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas

## Benefits

### Base Policy

Initial Hospital Confinement	Daily Hospital Confinement
Intensive Care	

### Additional Riders Added to Base Policy

Accident Treatment and Urgent Care Rider pays a benefit for:

Ground or Air Ambulance	Accident Physician's Treatment
X-ray	Urgent Care

### Dislocation/Fracture Rider

### Emergency Room Services Rider

Accidental Death, Dismemberment and Functional Loss Rider, including a benefit for Common Carrier Accidental Death

### Additional Benefit Enhancement Rider

Lacerations	Burns
Skin Graft	Brain Injury Diagnosis
Paralysis	Coma with Respiratory Assistance
Open Abdominal or Thoracic Surgery	Ruptured Spinal Disc Surgery
Eye Surgery	General Anesthesia
Blood and Plasma	Appliance
Medical Supplies	Medicine
Prosthesis	Physical, Occupational, or Speech Therapy
Rehabilitation Unit	Non-Local Transportation
Family Member Lodging	Post-Accident Transportation
Broken Tooth	Residence/Vehicle Modification
Pain Management	Miscellaneous Outpatient Surgery
Accident Follow-up Treatment	

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)

## Access Your Benefits and Claim Filings

Accessing your benefit information using **MyBenefits** has never been easier.

**MyBenefits** is an easy-to-use website that offers you 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

For use in enrollments situated in TX.

This material is valid as long as information remains current, but in no event later than August 1, 2018.

Group Accident benefits are provided by policy form GVAP6 and the following riders, or state variations thereof, if included: Accidental Death, Dismemberment and Functional Loss Rider GP6ADD, Accident Treatment and Urgent Care Rider GP6AUC, Benefit Enhancement Rider GP6BE, Dislocation/Fracture Rider GP6DF, and Emergency Room Services Rider GP6ERS.

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.



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# Group Voluntary Accident (GVAP6)

## 24-Hour Accident Insurance

from Allstate Benefits

See attached **Important Information About Coverage**.

### BENEFIT AMOUNTS

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

BASE POLICY BENEFITS	PLAN 1	PLAN 2
Initial Hospital Confinement (Pays once/year)	\$1,000	\$1,500
Daily Hospital Confinement (Pays daily)	\$200	\$300
Intensive Care (Pays daily)	\$400	\$600
ADDITIONAL RIDERS ADDED TO BASE	PLAN 1	PLAN 2
<b>Accident Treatment and Urgent Care Rider</b>		
Ambulance		
Ground	\$200	\$300
Air	\$600	\$900
Accident Physician's Treatment	\$100	\$150
X-ray	\$200	\$300
Urgent Care	\$100	\$150
Dislocation or Fracture Rider <sup>1</sup> (Pays up to amount shown on reverse)	\$4,000	\$6,000
Emergency Room Services Rider	\$200	\$300
Accidental Death*, Dismemberment <sup>1,*</sup> and Functional Loss <sup>1,*</sup> Rider	\$40,000	\$60,000
Common Carrier Accidental Death (fare-paying passenger)	\$100,000	\$150,000

<sup>1</sup>Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

\*Each benefit pays the amount shown.

ADDITIONAL BENEFIT ENHANCEMENT RIDER	PLAN 1	PLAN 2
Accident Follow-Up Treatment (Pays daily)	\$50	\$100
Lacerations	\$50	\$100
Burns		
< 15% of body surface	\$100	\$200
> 15% or more	\$500	\$1,000
Skin Graft (% of Burns Benefit)	50%	50%
Brain Injury Diagnosis	\$300	\$600
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (Pays once/year)	\$50	\$100
Paralysis (Pays once)		
Paraplegia	\$7,500	\$15,000
Quadriplegia	\$15,000	\$30,000
Coma with Respiratory Assistance	\$10,000	\$20,000
Open Abdominal or Thoracic Surgery	\$1,000	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery		
Surgery	\$500	\$1,000
Exploratory	\$150	\$300
Ruptured Spinal Disc Surgery	\$500	\$1,000
Eye Surgery	\$100	\$200
General Anesthesia	\$100	\$200
Blood and Plasma	\$300	\$600
Appliance	\$125	\$250
Medical Supplies	\$5	\$10
Medicine	\$5	\$10
Prosthesis		
1 device	\$500	\$1,000
2 or more devices	\$1,000	\$2,000
Physical, Occupational or Speech Therapy (Pays daily)	\$30	\$60
Rehabilitation Unit	\$100	\$200
Non-Local Transportation	\$250	\$500
Family Member Lodging	\$100	\$200
Post-Accident Transportation (Pays once/year)	\$200	\$400
Broken Tooth	\$100	\$200
Residence/Vehicle Modification	\$500	\$1,000
Pain Management (Epidural Injection)	\$50	\$100
Miscellaneous Outpatient Surgery	\$100	\$200

## INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	PLAN 1	PLAN 2
Hip joint	\$4,000	\$6,000
Knee or ankle joint <sup>^</sup> , bone or bones of the foot <sup>^</sup>	\$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 <sup>^</sup> , collarbone	\$600	\$900
Two or more fingers or toes	\$280	\$420
One finger or toe	\$120	\$180
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1	PLAN 2
Hip, thigh (femur), pelvis <sup>**</sup>	\$4,000	\$6,000
Skull <sup>**</sup>	\$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 <sup>**</sup> , hand or wrist <sup>**</sup>	\$1,400	\$2,100
Lower jaw <sup>**</sup>	\$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	PLAN 1	PLAN 2
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

<sup>^</sup>Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). <sup>\*\*</sup>Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

## PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$8.94	\$15.46	\$19.84	\$23.70

## PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$14.28	\$24.70	\$31.46	\$38.12

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



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For use in enrollments situated in: TX

This rate insert is part of forms ABJ30549X and ABJ29986-2 and is not to be used on its own.

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# Group Voluntary Accident (GVAP6) 24-hour or Off-the-Job Accident Insurance

## Important Information About Coverage

Provides details of base policy and rider coverage in all states where coverage is available. State-specific information is noted when it varies from the standard. Below is a list of base policy and rider benefits available with Group Accident coverage. Please refer to your employer chosen plan for the specific items that apply to your coverage. You will receive a certificate that details the certificate specifications for the coverage you purchased.

**Group Accident Issue ages are 18 and over if Actively at Work.**

### Benefits Specifications (see Benefit Amounts)

**Daily Hospital Confinement** - Max. 365 days/accident.

**Intensive Care** - Max. 180 days/injury.

**MD only - Objective Second Opinion** - Payable once/accident.

### 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 front page of insert.

**MD** - Benefits for diagnostic or surgical procedures involving a bone or joint of the skeletal structure are expanded to also include coverage for bones or joints of the face, neck or head if, under the accepted standards of the profession of the health care provider rendering the service, the procedure is medically necessary to treat a condition caused by the injury.

**PA** - Limitation does not apply.

### Optional Riders

**Outpatient Physician's Benefit Rider** - Benefit limited to 2 days/person/year, not to exceed 4 days/year if coverage includes dependents.

**CT, DC, KS, MI, NJ, ND** - Rider not available.

**Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider** - Benefit limited to 2 days/person/year, not to exceed 4 days/year if coverage includes dependents.

**HI, ID, IN, KY, MD, MI, NM, ND, OH, RI** - Rider not available.

**TN** - The rider name and description is replaced with: **Outpatient Physician's Treatment for Accident and Wellness Benefit Rider** - Benefit limited to 2 days/person/year, not to exceed 4 days/year if coverage includes dependents. Wellness Benefit means one of the following: biopsy for skin cancer; blood test for triglycerides; bone marrow testing; CA15-3 (cancer antigen 15-3 - blood test for breast cancer); CA125 (cancer antigen 125 - blood test for ovarian cancer); CEA (carcinoembryonic antigen - blood test for colon cancer); chest X-ray; colonoscopy; Doppler screening for carotids; Doppler screening for peripheral vascular disease; echocardiogram; EKG (electrocardiogram); flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; lipid panel (total cholesterol count); mammography, including breast ultrasound; pap smear, including ThinPrep Pap Test; PSA (prostate specific antigen - blood test for prostate cancer); serum protein electrophoresis (test for myeloma); stress test on bike or treadmill; thermography; and ultrasound screening of the abdominal aorta for abdominal aortic aneurysms.

**Accidental Death, Dismemberment and Functional Loss Rider** - Multiple dismemberments and functional losses from the same accident are limited to the amount shown in the Base Accident Benefits on front page of insert.

**PA** - Limitation does not apply.

### 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.

**CO, PA** - 30-day limitation does not apply.

**Coma with Respiratory Assistance** - Payable once/accident.

**GA** - Benefit not available.

**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.

**PA** - 365-day limitation does not apply.

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

## Conditions, Limitations and Exclusions Affecting Your Benefits

### Conditions and Limits

**Most States** - 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.

**ID** - Congenital anomalies of newborn or newly adopted children are not excluded.

**PA** - When an injury results in a covered loss, and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

**TX** - The last sentence is replaced with: Treatment must be received in the United States or its territories, except in the case of an emergency.

### Your Eligibility

**All States** - 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.**

**DC, IL, NJ, RI** - Coverage may include you, your spouse, domestic partner, or civil union partner, and your children.

**HI** - Coverage may include you, your spouse or domestic partner, your children, or your certified reciprocal beneficiary.

**ID** - 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.**

**IL** - Coverage for children ends when the child reaches age 26 (30 if a military veteran who is an Illinois resident), unless he or she continues to meet the requirements of an eligible dependent.

### Dependent Eligibility/Termination, continued

**MA** - Coverage for children ends the earlier of when the child reaches age 26 or 2 years following loss of dependent status under the Internal Revenue Code, unless he or she continues to meet the requirements of an eligible dependent.

**PA** - 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.

#### (c) Spouse coverage ends upon valid decree of divorce or your death.

**IL, NJ, RI** - Spouse or civil union partner coverage ends upon valid decree of divorce or your death.

#### (d) Domestic partner coverage ends upon termination of the domestic partnership or your death.

**ID** - (d) is deleted.

**DC** - Domestic or civil union partner coverage ends upon termination of the domestic or civil union partnership or your death.

### When Coverage Ends

Coverage under the policy 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.

**CT, RI** - discovery of material misrepresentation when filing a claim. **NC** - (f) is deleted.

**NE** - discovery of fraud or intentional misrepresentation when filing a claim.

#### (g) GA only - the date you request to discontinue coverage in writing.

### Continuation of Coverage

You may be eligible to continue coverage when coverage under the policy ends.

**NJ** - Coverage may be continued under the Conversion Provision 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;

**CT** - act of war or participation in an insurrection or rebellion.

**NC** - act of war or active participation in a riot, insurrection or rebellion.

**ID** - any act of war whether or not declared, participation in a riot or rebellion.

**OK** - participation in a riot, insurrection or rebellion.

**PA** - act of war or participation in a riot or insurrection.

**MD** - act of war.

**UT** - act of war or voluntary participation in a riot, insurrection or rebellion.

#### (c) suicide or attempt at suicide;

**CO** - suicide or attempt at suicide, while sane.

**IL** - (c) is deleted.

#### (d) intentionally self-inflicted injury or action;

**DC, IL** - (d) is deleted.

**MI** - any injury while under the influence of alcohol (as defined by the laws of the state of Michigan), narcotics or any other controlled substance or drug, unless administered and taken as prescribed by a physician.

**NE** - any injury while under the influence of alcohol or any narcotic or illegal drug, unless taken as prescribed by a physician.

#### (e) any bacterial infection (except pyogenic infections from an accidental cut or wound);

**AR, ID** - (e) is deleted.

**IL** - bacterial infection (except infections from an accidental injury, or from an accidental, involuntary or unintentional ingestion of contaminated substance).

**TX** - bacterial infection (except pyogenic food poisoning and infections from an accidental cut or wound).

#### (f) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft;

**NJ** - aviation 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;

**CT** - committing or attempting an assault or felony.

**MD** - (g) is deleted.

**ID** - participation in a felony.

**UT** - voluntarily engaging in: an illegal occupation, committing or attempting an assault or felony.

**NE, OK, TX** - engaging in an illegal occupation or committing or attempting a felony.

**WI** - engaging in illegal activities or an illegal occupation that results in the insured's conviction of a felony.

**NJ** - any loss to which a contributing cause was the covered person's commission of or attempt to commit a felony or to which a contributing cause was the covered person's engagement in an illegal occupation.

#### (h) driving in any race or speed test or testing any vehicle on any racetrack or speedway;

**ID, OK** - (h) is deleted.

#### (i) hernia, including complications;

**IL** - all types of hernia, including complications (except for hernia caused by an accident).

**AR, ID, MI, WV** - (i) is deleted.

**PA** - hernia, including complications, will be excluded during the first 6 months of coverage, but will be covered thereafter.

**Exclusions and Limitations, continued**

**(j) any injury while under the influence of alcohol or any drug, unless taken as prescribed by a physician;**

ID, MD, NV, OK, SD - (j) is deleted.

AR - any injury sustained or contracted in consequence of being intoxicated or under the influence of any controlled substance, unless taken as prescribed by a physician.

CT - the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by a physician for the covered person.

IN - any injury while intoxicated or under the influence of any drug, unless taken as prescribed by a physician.

LA - any injury sustained or contracted in consequence of the covered person being intoxicated or under the influence of any narcotic not prescribed or recommended by a physician.

NJ - any loss sustained or contracted as a consequence of the covered person's intoxication or being under the influence of any drug, unless administered or consumed and taken as prescribed by a physician.

OR - any injury while legally intoxicated as defined by the laws of this state or while under the influence of any drug, unless taken as prescribed by a physician.

PA - any injury sustained or contracted in consequence of the covered person being intoxicated under the influence of any drug, unless administered and taken as prescribed by a physician.

TX - any injury sustained or contracted in consequence of the covered person's being intoxicated or under the influence of any narcotic, unless taken as prescribed by a physician.

UT - any injury while under the influence of alcohol or any drug, unless taken as prescribed by a physician, if the use of alcohol or any narcotic substantially contributes to or causes the accident or is over the legal limit.

**(k) serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries;**

(l) ID only - an elective abortion (an abortion performed for any reason other than to preserve the life of the covered person);

(m) MD only - health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral.

**For Off-the-Job accident coverage, the following exclusion also applies:**

**(n) an injury that occurred as a result of an on-the-job accident.**

KY, SD - an injury that occurred as a result of an on-the-job accident, unless not payable under any workers' compensation law.

**Outpatient Physician's Benefit Rider (if included in your coverage)**

CT, DC, KS, MI, NJ, ND - Rider not available.

Benefits are not paid for:

(a) loss incurred before the effective date;

**(b) act of war, participation in a riot, insurrection or rebellion;**

ID - any act of war, participation in a riot or rebellion. OK - participation in a riot, insurrection or rebellion.

PA - act of war, participation in a riot or insurrection. MD - act of war.

NC - act of war, active participation in a riot, insurrection or rebellion.

**(c) suicide or attempt at suicide;**

CO - suicide or attempt at suicide, while sane. IL - (c) is deleted.

**(d) intentionally self-inflicted injury or action;**

IL - (d) is deleted.

**(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;**

ID - participation in a felony. MD - (f) is deleted.

NE, OK, TX - engaging in an illegal occupation or committing or attempting a felony. WI - engaging in illegal activities or in an illegal occupation that results in the covered person's conviction of a felony.

**(g) driving in any race or speed test or testing an automobile or any vehicle on any racetrack or speedway;**

ID, OK - (g) is deleted.

**(h) any loss while under the influence of alcohol or any drug, unless taken as prescribed by a physician;**

AR - any loss sustained or contracted in consequence of being intoxicated or while under the influence of any controlled substance, unless administered and taken as prescribed by a physician.

IN - any loss while intoxicated or under the influence of any drug, unless taken as prescribed by a physician.

LA - any loss sustained or contracted in consequence of the covered person being intoxicated or under the influence of any narcotic not prescribed or recommended by a physician.

NE - any loss while under the influence of alcohol or any narcotic or illegal drug, unless taken as prescribed by a physician.

OR - any loss while legally intoxicated as defined by the laws of this state or while under the influence of any drug, unless taken as prescribed by a physician.

PA - any loss sustained or contracted in consequence of the covered person being intoxicated or under the influence of any drug, unless administered and taken as prescribed by a physician.

TX - any loss sustained or contracted in consequence of the covered person being intoxicated or under the influence of any narcotic, unless taken as prescribed by a physician.

ID, MD, NV, OK, SD - (h) is deleted.

**(i) serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries;**

(j) ID only - an elective abortion (an abortion performed for any reason other than to preserve the life of the covered person);

(k) MD only - health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral.

**For Off-the-Job accident coverage, the following exclusion also applies:**

**(l) an injury that occurred as a result of an on-the-job accident.**

KY, SD - an injury that occurred as a result of an on-the-job accident, unless not payable under any worker's compensation law.

**Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider** (if included in your coverage)

HI, ID, IN, KY, MD, MI, NM, ND, OH, RI - Rider not available.

Benefits are not paid for:

**(a) loss incurred before the effective date;**

**(b) act of war, participation in a riot, insurrection or rebellion;**

NC - act of war, active participation in a riot, insurrection or rebellion.

PA - act of war, participation in a riot or insurrection.

OK - participation in a riot, insurrection or rebellion.

UT - act of war, voluntary participation in a riot, insurrection or rebellion.

**(c) suicide or attempt at suicide;**

IL - (c) is deleted.

**(d) intentionally self-inflicted injury or action;**

IL - (d) is deleted.

**(e) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft;**

NJ - aviation except as a fare-paying passenger on a licensed common-carrier aircraft.

**(f) engaging in an illegal occupation or committing or attempting an assault or felony;**

NE, OK, TX - engaging in an illegal occupation or committing or attempting a felony.

WI - engaging in illegal activities or in an illegal occupation that results in the covered person's conviction of a felony.

NJ - any loss to which a contributing cause was the covered person's commission of or attempt to commit a felony or to which a contributing cause was the covered person's engagement in an illegal occupation.

UT - voluntary engaging in an illegal occupation, 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;**

OK - (g) is deleted.

**(h) any injury while under the influence of alcohol or any drug, unless taken as prescribed by a physician;**

NV, OK, SD - (h) is deleted.

AR - any injury sustained or contracted in consequence of being intoxicated or while under the influence of any controlled substance, unless administered and taken as prescribed by a physician.

LA - any injury sustained or contracted in consequence of the covered person being intoxicated or under the influence of any narcotic not prescribed or recommended by a physician.

NE - any injury while under the influence of alcohol or any narcotic or illegal drug, unless taken as prescribed by a physician.

NJ - any loss sustained or contracted in consequence of the covered person's intoxication or being under the influence of any drug, unless administered or consumed and taken as prescribed by a physician.

OR - any injury while legally intoxicated as defined by the laws of this state or while under the influence of any drug, unless taken as prescribed by a physician.

PA - any injury sustained or contracted in consequence of the covered person being intoxicated or under the influence of any drug, unless administered and taken as prescribed by a physician.

TX - any injury sustained or contracted in consequence of the covered person being intoxicated or under the influence of any narcotic, unless taken as prescribed by a physician.

UT - any injury while under the influence of alcohol or any drug, unless taken as prescribed by a physician, if the use of alcohol or any narcotic substantially contributes to or causes the accident or is over the legal limit.

**(i) serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries;**

**For Off-the-Job accident coverage, the following exclusion also applies:**

**(j) an injury that occurred as a result of an on-the-job accident.**

SD - an injury that occurred as a result of an on-the-job accident, unless not payable under any workers' compensation law.



**Allstate**  
BENEFITS

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This material is valid as long as information remains current, but in no event later than August 1, 2018.

Group Accident benefits are provided by policy form GVAP6, or state variations thereof. Accidental Death, Dismemberment and Functional Loss Rider provided by rider GP6ADD, or state variations thereof. Accident Treatment and Urgent Care Rider provided by rider GP6AUC, or state variations thereof. Benefit Enhancement Rider provided by rider form GP6BE, or state variations thereof. Dislocation/Fracture Rider provided by rider GP6DF, or state variations thereof. Emergency Room Services Rider provided by rider GP6ERS, or state variations thereof. Outpatient Physician's Benefit Rider provided by rider GP6OPT, or state variations thereof. Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider provided by rider GC6OPH, or state variations thereof.

**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.