



## Allstate BENEFITS

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

## Accident Insurance

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.

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.

<b>ON-THE-JOB INJURIES</b>	<b>OFF-THE-JOB INJURIES</b>	<b>The number of injuries (in millions) suffered by workers in one year, both on- and off-the-job.<sup>1</sup></b>
Work 4.9m	Home    Non-auto    Auto 8.3m    3.6m    2.0m	

### 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 dependents
- Premiums are affordable and are conveniently payroll deducted
- Coverage may be continued, as long as premiums are paid to Allstate Benefits

See reverse for plan details

<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

### 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 March 28, 2020.

Group Accident benefits are provided by policy form GVAP6 and the following riders, or state variations thereof: 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.



**Allstate**  
BENEFITS

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# Group Voluntary Accident (GVAP6)

## 24-Hour Accident Insurance

from Allstate Benefits

See attached Important Information About Coverage.

Offered to the employees of:

## Levelland ISD

### 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
RIDER BENEFITS	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>	\$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

\*Each benefit pays the amount shown. <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.

BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2
Accident Follow-Up Treatment (Pays daily)		\$100	\$150
Lacerations		\$100	\$150
Burns	< 15% body surface	\$200	\$300
	> 15% or more	\$1,000	\$1,500
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis		\$600	\$900
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (Pays once/year)		\$100	\$150
Paralysis (Pays once)	Paraplegia	\$15,000	\$22,500
	Quadriplegia	\$30,000	\$45,000
Coma with Respiratory Assistance		\$20,000	\$30,000
Open Abdominal or Thoracic Surgery		\$2,000	\$3,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000	\$1,500
	Exploratory	\$300	\$450
Ruptured Spinal Disc Surgery		\$1,000	\$1,500
Eye Surgery		\$200	\$300
General Anesthesia		\$200	\$300
Blood and Plasma		\$600	\$900
Appliance		\$250.00	\$375.00
Medical Supplies		\$10.00	\$15.00
Medicine		\$10.00	\$15.00
Prosthesis	1 device	\$1,000	\$1,500
	2 or more devices	\$2,000	\$3,000
Physical, Occupational or Speech Therapy (Pays daily)		\$60	\$90
Rehabilitation Unit		\$200	\$300
Non-Local Transportation		\$500	\$750
Family Member Lodging		\$200	\$300
Post-Accident Transportation (Pays once/year)		\$400	\$600
Broken Tooth		\$200	\$300
Residence/Vehicle Modification		\$1,000	\$1,500
Pain Management (Epidural Injection)		\$100	\$150
Miscellaneous Outpatient Surgery		\$200	\$300

## 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).

For Internal Home Office use only

Opt 1 - 2GVA6; 2G6DF; 2G6AUC; 2G6ERS; 2G6ADD; 2G6BER;

Opt 2 - 3GVA6; 3G6DF; 3G6AUC; 3G6ERS; 3G6ADD; 3G6BER;



For use in enrollments situated in: Texas. This rate insert is part of the approved flyer for Levelland ISD and form ABJ30276-Flyer-TX and ABJ29986-5 and is not to be used on its own.

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## PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$10.68	\$18.48	\$23.24	\$28.84

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

## PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$16.02	\$27.72	\$34.86	\$43.26

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