



**Allstate.**  
BENEFITS

# Benefits Proposal

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**Prepared for:**  
**First Financial Capital Corporation**

**For Presentation to:**  
**FFGA**

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THE 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.



<b>BASE COVERAGE</b>	<b>OPTION 1</b>	<b>OPTION 2</b>
Initial Hospital Confinement	\$1,000	\$1,500
Daily Hospital Confinement	\$200	\$300
Intensive Care	\$400	\$600
<b>DISLOCATION/FRACTURE RIDER</b>		
Dislocation/Fracture Rider	\$4,000	\$6,000
<b>ACCIDENT TREATMENT &amp; URGENT CARE RIDER</b>		
Ground Ambulance	\$200	\$300
Air Ambulance	\$600	\$900
Accident Physicians Treatment	\$100	\$150
X-ray	\$200	\$300
Urgent Care	\$100	\$150
<b>ACCIDENTAL DEATH, DISMEMBERMENT AND FUNCTIONAL LOSS RIDER</b>		
Accidental Death	\$40,000	\$60,000
Common Carrier Accidental Death	\$100,000	\$150,000
Dismemberment	\$40,000	\$60,000
Functional Loss	\$40,000	\$60,000
<b>EMERGENCY ROOM SERVICES RIDER</b>		
Emergency Room Services Rider	\$200	\$300



BENEFIT ENHANCEMENT RIDER		OPTION 1	OPTION 2
Accident Follow-Up Treatment		\$50	\$100
Lacerations		\$50	\$100
Burns	< 15% of body	\$100	\$200
	≥ 15% of body	\$500	\$1,000
Skin Graft (% of Burns Benefit)		50% of burn benefit	50% of burn benefit
Brain Injury Diagnosis		\$300	\$600
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) Benefit		\$50	\$100
Paralysis Benefit	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 Benefit			
	With Repair	\$500	\$1,000
	Without Repair	\$150	\$300
Ruptured 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	One device	\$500	\$1,000
	Two or more	\$1,000	\$2,000
Physical, Occupational, or Speech Therapy		\$30	\$60
Rehabilitation Unit		\$100	\$200
Non-Local Transportation		\$250	\$500
Family Member Lodging		\$100	\$200
Post-Accident Transportation		\$200	\$400
Broken Tooth		\$100	\$200
Residence/Vehicle Modification		\$500	\$1,000
Pain Management (Epidural Injection)		\$50	\$100
Miscellaneous Outpatient Surgery		\$100	\$200



**PREMIUMS**

PLAN DESIGN	EE	EE+SP	EE+CH	F
<b>OPTION 1   Monthly</b>	<b>\$10.27</b>	<b>\$17.76</b>	<b>\$22.63</b>	<b>\$27.70</b>
<b>OPTION 2   Monthly</b>	<b>\$16.27</b>	<b>\$28.14</b>	<b>\$35.66</b>	<b>\$44.11</b>

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

No associations allowed in this state.

FOR HOME OFFICE USE ONLY- GVAP6

Opt 1 - 2.0U Base; 2.0U D/F; 2.0U AUC; 2.0U ERS; 2.0U ADD; 1.0U BER; 24 Hour

Opt 2 - 3.0U Base; 3.0U D/F; 3.0U AUC; 3.0U ERS; 3.0U ADD; 2.0U BER; 24 Hour

SQ V 04.12.2018 Proposal Creation Date: 5/24/2018

This Quote Expires on 11/24/2018



Plan design and rates indicate which of the following Benefit and Rider Descriptions are applicable to the proposed plan. Below information includes all options available in the proposed situs state.

Group Voluntary 24 Hour Accident pays the following benefits for covered on and off the job accidental injuries. The injury must be diagnosed by a physician and the services described below must be provided or received within 180 days of the covered accident, unless otherwise stated. Any loss not stated is not covered. Treatment must be received in the United States or its territories, except in the case of an emergency.

### **BASE ACCIDENT BENEFIT DESCRIPTION**

#### **Initial Hospital Confinement -**

We pay the amount shown the first time a covered person is confined in a hospital after that person's effective date of coverage. This benefit is payable only once per covered person, per calendar year.

#### **Daily Hospital Confinement -**

We pay the amount shown for each day a covered person is confined in a hospital, up to a maximum of 365 days for any 1 accident, starting with the first full day of confinement. This maximum number of days may be used over a 2-year period following the date of the accident.

#### **Intensive Care -**

We pay the amount shown for each day a covered person is confined in a hospital intensive care unit, up to 180 days for each period of continuous confinement, starting with the first full day of confinement.

### **DISLOCATION/FRACTURE RIDER BENEFIT DESCRIPTION**

We pay the amount shown, multiplied by the applicable factor in the Schedule of Benefit Factors in the rider. If more than 1 dislocation or fracture is sustained in any 1 injury, the total amount we will pay for the multiple dislocations or fractures will not exceed the scheduled maximum benefit amount stated. No benefit will be paid for any dislocation or fracture that is not listed in the Schedule of Benefit Factors in the rider.

### **ACCIDENT TREATMENT AND URGENT CARE RIDER BENEFIT DESCRIPTION**

#### **Ground Ambulance -**

We pay the amount shown if a covered person requires ground ambulance service for the transfer to or from a hospital. This benefit is payable only once per covered person, per accident.

#### **Air Ambulance -**

We pay the amount shown if a covered person requires air ambulance service for the transfer to or from a hospital. This benefit is payable only once per covered person, per accident.

#### **Accident Physician's Treatment -**

We pay the amount shown if a covered person receives treatment by a physician. This benefit is payable only once per covered person, per accident.

#### **X-Ray -**

We pay the amount shown if a covered person receives x-rays. This benefit is payable only once per covered person, per accident.

#### **Urgent Care -**

We pay the amount shown if a covered person receives services at an urgent care facility. This benefit is payable only once per covered person, per accident.

### **ACCIDENTAL DEATH, DISMEMBERMENT AND FUNCTIONAL LOSS RIDER BENEFIT DESCRIPTION**

#### **Accidental Death –**

We pay the amount shown if death results from an injury.

#### **Common Carrier –**

We pay the amount shown if death results from an injury while riding as a fare-paying passenger on a scheduled common carrier.

#### **Dismemberment –**

We pay the amount shown, multiplied by the applicable factor in the Schedule of Dismemberment and Functional Loss Factors in the rider if a covered person suffers a dismemberment that results from an injury. If more than 1 dismemberment is sustained in any 1 injury, the total amount we will pay for the multiple dismemberments will not exceed the scheduled maximum benefit amount shown.

#### **Functional Loss -**



We pay the amount shown, multiplied by the applicable factor in the Schedule of Dismemberment and Functional Loss Factors in the rider if a covered person suffers a functional loss of hearing or speech that results from an injury. If more than 1 functional loss is sustained in any 1 injury, the total amount we will pay for the multiple functional losses will not exceed the scheduled maximum benefit amount shown.

### **EMERGENCY ROOM SERVICES RIDER BENEFIT DESCRIPTION**

We pay the amount shown if a covered person, as a result of an injury, receives emergency room services. This benefit is payable only once per covered person, per accident.

### **BENEFIT ENHANCEMENT RIDER DESCRIPTIONS**

#### **Accident Follow-Up Treatment -**

We pay the amount shown for each day a covered person receives follow-up treatment. We pay for 1 follow-up treatment per day for up to a maximum of 2 treatments per covered person, per accident. Treatments must be administered by a physician in a physician's office or in a hospital on an outpatient basis and must be for injuries sustained in an accident. This benefit is not payable for the same visit for which the Physical, Occupational or Speech Therapy benefit is paid.

#### **Lacerations –**

We pay the amount shown if a covered person receives treatment for one or more lacerations (cuts). This benefit is payable only once per covered person, per accident.

#### **Burns –**

We pay the amount shown if a covered person receives treatment for one or more burns, other than sun burns. This benefit is payable only once per covered person per accident.

#### **Skin Graft –**

We pay the amount shown if a covered person receives a skin graft for a burn for which a benefit is paid under the Burns benefit. This benefit is payable only once per covered person per accident.

#### **Brain Injury Diagnosis –**

We pay the amount shown upon the first diagnosis of one of the following traumatic brain injuries by a covered person: concussion, cerebral laceration, cerebral contusion, or intracranial hemorrhage. The covered traumatic brain injury must be diagnosed by computed tomography (CT) scan, magnetic resonance imaging (MRI), electroencephalogram (EEG), positron emission tomography (PET) scan, or x-ray. This benefit is payable only once per covered person, per accident.

#### **Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) –**

We pay the amount shown if a covered person receives a CT scan or MRI. The covered person must be first treated by a physician within 30 days after the accident. This benefit is payable only once per covered person per accident, and is limited to once per calendar year.

#### **Paralysis –**

We pay the amount shown if a covered person receives a spinal cord injury resulting in the complete and permanent loss of use of 2 or more limbs as a result of an injury. Paralysis must be confirmed by the attending physician after the accident and have a duration of at least 90 consecutive days. This benefit is payable only once per covered person.

#### **Coma with Respiratory Assistance –**

We pay the amount shown if a covered person is in a coma as defined in the rider. This benefit is payable only once per covered person, per accident.

#### **Open Abdominal or Thoracic Surgery –**

We pay the amount shown if a covered person undergoes open abdominal or thoracic surgery for internal injuries. The surgical procedure must be performed by a physician. We pay this benefit even if no surgical repair is required. This benefit is payable only once per covered person, per accident. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation.

#### **Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery –**

We pay the first amount shown if a covered person undergoes a surgical procedure to repair an injury to a tendon, ligament, rotator cuff or knee cartilage. The injured site must be torn, ruptured, or severed and the surgical procedure must be performed by a physician. This benefit is payable only once per covered person, per accident. If exploratory surgery using arthroscopy is performed and no surgical repair is required then we will pay the second amount shown. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation, and we will pay the amount for the procedure with the largest dollar amount benefit.

#### **Ruptured Disc Surgery –**



We pay the amount shown if a covered person undergoes a surgical procedure to repair a ruptured disc of the spine. The ruptured disc must be diagnosed and the surgical procedure must be performed by a physician. This benefit is payable only once per covered person, per accident. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation.

### Eye Surgery -

We pay the amount shown for surgery or removal of a foreign object from the eye of a covered person. The procedure must be performed by a physician. An examination with or without anesthesia is not considered surgery. This benefit is payable only once per covered person, per accident.

### General Anesthesia -

We pay the amount shown if a covered person received general anesthesia administered by a nurse anesthetist or physician for surgery required to treat an injury provided a benefit is paid for the surgery under one of the Surgery benefits in this rider. This benefit is payable only once per covered person, per accident.

### Blood and Plasma -

We pay the amount shown if a covered person receives a blood or plasma transfusion. This benefit is payable only once per covered person, per accident.

### Appliance -

We pay the amount shown if a covered person receives one of the following medical appliances prescribed by a physician as an aid in personal locomotion or mobility: wheelchair, crutches, or walker. This benefit is payable only once per covered person per accident.

### Medical Supplies -

We pay the amount shown for over-the-counter medical supplies purchased for a covered person. This benefit is payable only once per covered person per accident.

### Medicine -

We pay the amount shown for prescription or over-the-counter medicine purchased for a covered person. This benefit is payable only once per covered person per accident.

### Prosthesis -

We pay the amount shown for a prosthetic arm, leg, hand, foot or eye prescribed by a physician to replace an arm, leg, hand, foot or eye that a covered person loses as a direct result of an accident. This benefit is payable only once per covered person, per accident.

### Physical, Occupational or Speech Therapy -

We pay the amount shown per day for physical, occupational or speech therapy treatment received by a covered person when prescribed by a physician for an injury. This includes chiropractic treatment. We pay for one physical, occupational or speech therapy treatment per day for up to a maximum of 6 treatments per covered person, per accident. Physical, occupational or speech therapy must be for injuries sustained in an accident. This benefit is not payable for the same visit for which the Accident Follow-Up Treatment benefit is paid.

### Rehabilitation Unit -

We pay the amount shown per day if a covered person is confined to a rehabilitation unit as a result of an injury, provided that the covered person has been hospital confined immediately prior to being transferred to the rehabilitation unit. This benefit is 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. This benefit is not payable for days on which the Daily Hospital Confinement benefit in the policy is paid.

### Non-local Transportation -

We pay the amount shown per trip for non-local treatment of a covered person by a physician when the same or similar treatment cannot be obtained locally. "Non-local" means a one-way trip of 50 miles or more from the covered person's home to the nearest treatment facility. This benefit is payable up to 3 times per covered person, per accident. Transportation by ground or air ambulance is not covered under this benefit.

### Family Member Lodging -

We pay the amount shown per day for the lodging of one adult family member of the covered person's family to be with the covered person when a covered person is confined in a hospital. This benefit is payable for up to 30 days for each accident. This benefit is not payable if the family member lives within 50 miles one-way of the hospital.

### Post-Accident Transportation -

We pay the amount shown if a covered person is hospital confined for at least 3 consecutive days due to an injury resulting from an accident which occurs more than 250 miles from his or her place of residence and the covered person is brought home by a common carrier, as defined in the rider. Travel to the place of residence must take place within 48 hours following discharge from the hospital. This benefit is payable for the injured covered person only, and only if the Daily Hospital Confinement benefit in the policy is paid. This benefit is payable only once per covered person, per calendar year.

### Broken Tooth -



We pay the amount shown if a covered person sustains a broken tooth that is repaired by a dental crown or filling, or is extracted. This benefit is payable for 1 crown, 1 filling or 1 extraction per covered person, per accident, regardless of the number of teeth involved. This benefit is only payable for injury to a sound, natural tooth. This benefit is not payable for injury caused by biting or chewing.

#### Residence/Vehicle Modification –

We pay the amount shown if a covered person requires a permanent structural modification to the covered person's primary residence or vehicle. The modification must be certified by a physician as necessary to help enable the covered person to live in his or her primary residence or travel in his or her primary vehicle, due to the injury. The modification must occur within 365 days after the accident. This benefit is payable only once per covered person, per accident.

#### Pain Management (Epidural Injection) –

We pay the amount shown if a covered person receives an epidural injection in the spine to manage pain. This benefit is payable only once per covered person, per accident. An epidural injection must be for injuries sustained in an accident.

#### Miscellaneous Outpatient Surgery –

We pay the amount shown if a covered person undergoes surgery on an outpatient basis. The surgical procedure must be performed by a physician. This benefit is payable only once per covered person, per accident. This benefit is not payable if the Open Abdominal or Thoracic Surgery, Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery, Ruptured Disc Surgery or Eye Surgery benefit is paid.

### POLICY EXCLUSIONS AND LIMITATIONS

We will not pay any benefits for any loss that is caused by, contributed to by or results from:

1. Injury incurred prior to the covered person's effective date of coverage subject to the INCONTESTABILITY provision.
2. Any act of war, whether or not declared, participation in a riot, insurrection or rebellion.
3. Suicide, or any attempt at suicide, whether sane or insane.
4. Intentionally self-inflicted injury or action.
5. Any bacterial infection (except pyogenic food poisoning and infections which shall occur with and through an accidental cut or wound).
6. Participation in any form of aeronautics, except as a fare paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports.
7. Engaging in an illegal occupation or committing or attempting to commit a felony.
8. Driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway.
9. Hernia, including complications due to hernia.
10. Any injury sustained or contracted in consequence of the covered person's being intoxicated or under the influence of any narcotic unless administered and taken as prescribed by a physician.

Any injury incurred while a covered person is an active member of the Military, Naval or Air Forces of any country or combination of countries is not covered. Upon notice and proof of services in such forces, we will return the pro-rata portion of the premium paid for any period of such service.

### SPECIFICATIONS

You decide who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over. Family members eligible for coverage are the employee's spouse or domestic partner and eligible 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 the employee's death. Domestic partner coverage ends when the domestic partnership ends or the employee's death.

Coverage under the policy ends when: the policy is canceled; the employee stops paying their premium; last day of active employment, except as provided under the Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence provision; they are no longer eligible; or upon discovery of fraud or material misrepresentation when filing a claim.

### CONTINUATION OF INSURANCE

If a covered person's coverage terminates for reasons other than non-payment of premium, such covered person will be eligible for continuation coverage. This means the covered person may continue the same benefits as under the group policy, subject to the conditions defined in the policy, as long as premiums are paid directly to American Heritage Life Insurance Company.



## Group Voluntary 24 Hour Accident (Texas)

This material is valid as long as information remains current. Group Voluntary Accident benefits provided by policy form GVAP6, or state variations thereof. Dislocation/Fracture Rider provided by rider GP6DF, or state variations thereof. Accident Treatment and Urgent Care Rider provided by rider GP6AUC, or state variations thereof. Accidental Death, Dismemberment and Functional Loss Rider provided by rider GP6ADD, or state variations thereof. Emergency Room Services Rider provided by rider GP6ERS, or state variations thereof. Benefit Enhancement Rider provided by rider GP6BE, 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 proposal 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 policy and/or 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.

For use with producers and brokers or for presentation to employers. Not for use with consumer sales. Not to be disseminated to public.



## GVAP6 Benefits Summary

American Heritage Life Insurance Company (AHL)  
Jacksonville, FL

Attach this sheet to the Customer Agreement (ABJ4040 form) as an alternative to completing the manual product section for GVAP6.

While up to four options may have been proposed, only two are accepted per group.

Please check the box next to the options below.

### PLAN INFO

Case #: \_\_\_\_\_  
 Case Name: \_\_\_\_\_ FFGA  
 Situs State: \_\_\_\_\_ TX  
 Occ Class: \_\_\_\_\_ Y |NLL6  
 Billing Information: \_\_\_\_\_ SSN  
 Self Service/No Agent: \_\_\_\_\_ No  
 Covered Dependents: \_\_\_\_\_ No  
 Special Commission Agreement: \_\_\_\_\_ No

### OPTION 1

	<i>Units</i>	<i>Start Date:</i>	5/24/2018			
<i>Base</i>	2.00					
<i>Coverage Type</i>	4 Tier					
<i>Accident Treatment &amp; Urgent Care</i>	2.00					
<i>Emergency Room Services</i>	2.00					
<i>Outpatient Physician's Benefit</i>	No					
<i>Outpatient Physician's</i>	0.00	<i>Monthly:</i>	<i>\$10.27</i>	<i>\$17.76</i>	<i>\$22.63</i>	<i>\$27.70</i>
<i>Dislocation/Fracture</i>	2.00	<i>Weekly:</i>	<i>\$2.37</i>	<i>\$4.10</i>	<i>\$5.23</i>	<i>\$6.40</i>
<i>Benefit Enhancement</i>	1.00	<i>Bi-Weekly:</i>	<i>\$4.74</i>	<i>\$8.20</i>	<i>\$10.46</i>	<i>\$12.80</i>
<i>Accidental Death, Dismemberment &amp; Functional Loss</i>	2.00	<i>Semi-Monthly:</i>	<i>\$5.14</i>	<i>\$8.88</i>	<i>\$11.32</i>	<i>\$13.85</i>

### OPTION 2

	<i>Units</i>	<i>Start Date:</i>	5/24/2018			
<i>Base</i>	3.00					
<i>Coverage Type</i>	4 Tier					
<i>Accident Treatment &amp; Urgent Care</i>	3.00					
<i>Emergency Room Services</i>	3.00					
<i>Outpatient Physician's Benefit</i>	No					
<i>Outpatient Physician's</i>	0.00	<i>Monthly:</i>	<i>\$16.27</i>	<i>\$28.14</i>	<i>\$35.66</i>	<i>\$44.11</i>
<i>Dislocation/Fracture</i>	3.00	<i>Weekly:</i>	<i>\$3.76</i>	<i>\$6.50</i>	<i>\$8.23</i>	<i>\$10.18</i>
<i>Benefit Enhancement</i>	2.00	<i>Bi-Weekly:</i>	<i>\$7.52</i>	<i>\$13.00</i>	<i>\$16.46</i>	<i>\$20.36</i>
<i>Accidental Death, Dismemberment &amp; Functional Loss</i>	3.00	<i>Semi-Monthly:</i>	<i>\$8.14</i>	<i>\$14.07</i>	<i>\$17.83</i>	<i>\$22.06</i>