Allstate BENEFITS

Accident Insurance

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

THINK ABOUT THIS

More than 85% of medically consulted injuries suffered by workers **occurred off the job**†

Every 10 minutes, 1,054 people suffer an injury severe enough to require a doctor or medical professional†

3.2 million people were treated in emergency departments for injuries involving sports and recreational equipment in 2021†

When an accidental injury requires medical attention, the costs can pile up quickly. Accident Insurance from Allstate Benefits can help pick up where other insurance leaves off, providing a lump-sum cash benefit to help cover expenses.

Here's How It Works

- Select a benefit and premium amount that meets your needs
- Premiums will be deducted each pay period
- If you have an accident and receive medical attention, file a claim to receive cash benefits

Protecting Your Finances

You've worked hard for your savings – don't let an accident wipe them out.

- Protect your checking and savings
- Don't dip into your HSA or 401(k)

Practical benefits for everyday living.®

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations*
- Coverage can include your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

†National Safety Council, Injury Facts®, 2022 Edition. *Subject to exclusions and limitations, please refer to the Exclusions and Limitations section of this brochure.

Meet Daniel and Sandy

CHOOSE

Daniel signs up for Allstate Benefits Accident Insurance during his employer's Open Enrollment.

USE

A few months later, Daniel hurts his leg playing basketball. Here's his story:

Ambulance
Daniel's teammate calls an ambulance to take him to the hospital

Tests
After X-rays, the doctors determine that Daniel ruptured his Achilles tendon

Hospital Stay
He is admitted to the hospital for a one-day stay to undergo surgery

Surgery
Daniel undergoes surgery and is sent home with crutches and medications

Recovery
Daniel undergoes six weeks of physical therapy to regain strength in his leg

CLAIM

Daniel files a claim on his Allstate Benefits Hospital Accident coverage through the convenient web portal, **MyBenefits*.**
He receives cash benefits for:

- Ground Ambulance
- Medicine
- Emergency Room
- X-rays
- Initial Hospital Confinement
- Daily Hospital Confinement
- Accident Physician's Treatment
- Tendon Surgery
- General Anesthesia
- Outpatient Physician
- Physical Therapy (1 day/week)

***MyBenefits Claim Filing Portal**

Access: mybenefits.allstate.com

Here are some of the ways Daniel can use his cash benefits

Finances
Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted

Travel
Can help pay for expenses while receiving treatment in another city

Home
Can help pay the mortgage, continue rental payments, or afford home repairs for after care

Expenses
Can help pay for his family's living expenses, such as bills, electricity, and gas

The example above details a fictional situation; your individual experience may vary.
For a listing of benefits and benefit amounts, see pages 3 and 4.

Group Voluntary Accident (GVAP6)

24-Hour Accident Insurance from Allstate Benefits

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFIT		PLAN 1	PLAN 2
Initial Hospital Confinement (pays once/year)		$1,000	$2,000
Daily Hospital Confinement (pays daily)		$200	$400
Intensive Care (pays daily)		$400	$800
RIDER BENEFITS		**PLAN 1**	**PLAN 2**
Accident Treatment & Urgent Care Rider			
Ambulance	Ground	$200	$400
	Air	$600	$1,200
Accident Physician's Treatment		$100	$200
X-ray		$200	$400
Urgent Care		$100	$200
Dislocation or Fracture Enhanced Rider[1]			
Open Reduction (300% of Closed Reduction)		$12,000	$24,000
Closed Reduction		$4,000	$8,000
Avulsion and Chip Fracture (25% of Closed Reduction		$1,000	$2,000
Stress Fracture (10% of Closed Reduction)		$400	$800
Emergency Room Services Rider		$200	$400
Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider (OPH) (pays daily)		$50	$50
Accidental Death, Dismemberment[1] and Functional Loss[1] Rider		$40,000	$80,000
Common Carrier (fare-paying passenger)		$100,000	$200,000
BENEFIT ENHANCEMENT RIDER		**PLAN 1**	**PLAN 2**
Accident Follow-Up Treatment (pays daily)		$100	$200
Lacerations		$100	$200
Burns	< 15% body	$200	$400
	15% or more	$1,000	$2,000
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis		$600	$1,200
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		$200	$400
Paralysis (pays once)	Paraplegia	$15,000	$30,000
	Quadriplegia	$30,000	$60,000
Coma with Respiratory Assistance		$20,000	$40,000
Open Abdominal or Thoracic Surgery		$2,000	$4,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	$1,000	$2,000
	Exploratory	$300	$600
Ruptured Spinal Disc Surgery		$1,000	$2,000
Eye Surgery		$200	$400
General Anesthesia		$200	$400
Blood and Plasma		$600	$1,200
Appliance		$250	$500
Medical Supplies		$10.00	$20.00
Medicine		$10.00	$20.00
Prosthesis	1 device	$1,000	$2,000
	2 or more devices	$2,000	$4,000
Physical, Occupational or Speech Therapy (pays daily)		$60	$120
Rehabilitation Unit (pays daily)		$200	$400
Non-Local Transportation		$500	$1,000
Family Member Lodging (pays daily)		$200	$400
Post-Accident Transportation (pays once/year)		$400	$800
Broken Tooth		$200	$400
Residence/Vehicle Modification		$1,000	$2,000
Pain Management (Epidural Injection)		$100	$200
Miscellaneous Outpatient Surgery		$200	$400

[1]Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injur pay only up to amount shown above.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	$3.60	$6.21	$7.61	$10.04
Monthly	$15.57	$26.91	$32.96	$43.49

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	$6.50	$11.23	$13.87	$17.99
Monthly	$28.13	$48.63	$60.07	$77.93

Issue ages: 18 and over if actively at work

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

Injury Benefit Schedule is on reverse

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INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	REDUCTION**	PLAN 1	PLAN 2
Hip joint	Open	$12,000	$24,000
	Closed	$4,000	$8,000
Knee or ankle joint^, bone or bones of the foot^	C	$4,800	$9,600
	Closed	$1,600	$3,200
Wrist joint	Open	$4,200	$8,400
	Closed	$1,400	$2,800
Elbow joint	Open	$3,600	$7,200
	Closed	$1,200	$2,400
Shoulder joint	Open	$2,400	$4,800
	Closed	$800	$1,600
Bone or bones of the hand^, collarbon	Open	$1,800	$3,600
	Closed	$600	$1,200
Two or more fingers or toes	Open	$840	$1,680
	Closed	$280	$560
One finger or toe	Open	$360	$720
	Closed	$120	$240
COMPLETE, SIMPLE OR CLOSED FRACTUR	**REDUCTION****	**PLAN 1**	**PLAN 2**
Hip, thigh (femur), pelvis ++	Open	$12,000	$24,000
	Closed	$4,000	$8,000
Skull ++	Open	$11,400	$22,800
	Closed	$3,800	$7,600
Arm, between shoulder and elbow (shaft),	Op	$6,600	$13,200
shoulder blade (scapula), leg (tibia or fibula)	Clo	$2,200	$4,400
Ankle, knee cap (patella), forearm (radius or ulna),	Op	$4,800	$9,600
collarbone (clavicle)	Close	$1,600	$3,200
Foot ++, hand or wrist ++	Open	$4,200	$8,400
	Closed	$1,400	$2,800
Lower jaw ++	Open	$2,400	$4,800
	Closed	$800	$1,600
Two or more ribs, fingers or toes, bones of face or nose		$1,800	$3,600
	Closed	$600	$1,200
One rib, finger or toe, coccyx	Open	$840	$1,680
	Closed	$280	$560
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	$80,000
One eye, hand, arm, foot, or leg		$20,000	$40,000
One or more entire toes or fingers		$4,000	$8,000

^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).
**Avulsion & Chip fracture pays 25% of the Closed Reduction amount. Stress fracture pays 10% of the Closed Reduction amount.

FOR HOME OFFICE USE ONLY - GVAP6

Opt 1 - 2.0U Base; 2.0U D/F-E 100%CH; 2.0U AUC; 2.0U ERS; 2.0U ADD; 2.0U BERINC; 2.0U OPH; 24 Hour

Opt 2 - 4.0U Base; 4.0U D/F-E 100%CH; 4.0U AUC; 4.0U ERS; 4.0U ADD; 4.0U BERINC; 2.0U OPH; 24 Hour

ABQ V 06.01.2023 RE V 06.03.2020

Allstate BENEFITS

For use in enrollments situsued in: NJ.

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Benefits - Subject to maximums as listed on pages 3 and 4

BASE POLICY BENEFITS

Initial Hospital Confinement - initial hospitalization after the effective date

Daily Hospital Confinement - up to 365 days for any one accident

Intensive Care - up to 180 days for each period of continuous confinement

RIDER BENEFITS ADDED TO BASE POLICY

Accident Treatment & Urgent Care Rider -
Benefits for: Ground Ambulance, Air Ambulance, Accident Physician's Treatment, X-ray, Urgent Care

Dislocation/Fracture Enhanced Rider - Closed or Open Reduction, Avulsion, Chip and Stress Fracture (see definitions below). Multiple dislocations or fractures from the same accident are limited to the amount shown in the Benefit Amounts on pages 3 and 4

Emergency Room Services Rider - received as a result of injury

OPTIONAL/ADDITIONAL RIDER BENEFITS

Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider - payable once per day, per covered person, not to exceed 2 days per covered person, per calendar year and a maximum of 4 days per calendar year if dependents are covered. Does not cover sickness

Accidental Death, Dismemberment and Functional Loss Rider -
Benefits for: Accidental Death, Common Carrier, Dismemberment, Functional Loss. Multiple dismemberments or functional losses from the same accident are limited to the amount shown in the Benefit Amounts on pages 3 and 4

BENEFIT ENHANCEMENT RIDER

Accident Follow-Up Treatment - not payable for the same visit for which the Physical, Occupational or Speech Therapy benefit is paid. Six treatments per covered person, per accident

Lacerations

Burns - treatment for one or more burns, other than sunburns

Skin Graft - for a burn for which a benefit is paid under the Burns benefit

Brain Injury Diagnosis - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage. Must be diagnosed by CT Scan, MRI, EEG, PET scan or X-ray

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) - treatments must be received within 30 days after the accident. Payable once per covered person, per accident, per calendar year

Paralysis - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for 90 consecutive days

Coma with Respiratory Assistance - unconsciousness lasting 7 or more days; intubation required. Medically induced comas excluded

Open Abdominal or Thoracic Surgery - must be performed by a physician. Two or more surgeries done at the same time are considered one operation

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery - surgery for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery. Two or more surgeries done at the same time are considered one operation

Ruptured Disc Surgery - diagnosis and surgical repair to a ruptured disc of the spine by a physician. Two or more surgeries done at the same time are considered one operation

Eye Surgery - surgery or removal of a foreign object by a physician

General Anesthesia - payable only if one of the policy Surgery benefits is paid.

Blood and Plasma

Appliance - physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility

Medical Supplies

Medicine

Prosthesis - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident

Physical, Occupational or Speech Therapy - 1 treatment per day; maximum of 6 treatments per accident. Includes chiropractic services. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid

Rehabilitation Unit - must be hospital-confined due to an injury prior to being transferred to rehab. 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. Not paid for days on which the Daily Hospital Confinement benefit is paid

Non-Local Transportation - when a covered person travels more than 50 miles from their home to obtain treatment not available locally. Does not cover ambulance. Up to three times per covered person, per accident

Family Member Lodging - 1 adult family member to be with you while you are hospital confined. Not paid if family member lives within 50 miles of the hospital. Payable up to 30 days per accident

Post-Accident Transportation - three-day hospital stay more than 250 miles from your home, with a flight on a common carrier to return home. Payable only if the Daily Hospital Confinement benefit is paid

Broken Tooth - dental repair by crown, filling or extraction; only one of the three is covered per accident. Injury must be to natural teeth and cannot be due to biting or chewing

Residence/Vehicle Modification - permanent structural modification certified necessary by a physician, within 365 days after accident

Pain Management (Epidural Injection) - injection in the spine to manage pain due to an accidental injury

Miscellaneous Outpatient Surgery - physician-performed outpatient surgical procedure. Not paid if one of the following benefits is paid: Open Abdominal or Thoracic Surgery; Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery; Ruptured Disc Surgery; or Eye Surgery

DEFINITIONS

Open Reduction of a Dislocation or Fracture: the surgical repair of a fracture or dislocation

Closed Reduction of a Dislocation or Fracture: the manual, non-surgical repair or immobilization of a fracture or dislocation

Avulsion Fracture: a fracture that results in a tendon or ligament being pulled off part of the bones

Chip Fracture: a small fragment of the bone is broken off

Stress Fracture: a fracture, often caused by repetitive force, that results in tiny cracks in the bone

CERTIFICATE SPECIFICATIONS

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.

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

Dependent Eligibility/Termination - Coverage may include you, your spouse or domestic partner, or civil union partner, and your 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 or civil union partner coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends upon termination of the domestic partnership or your death.

When Coverage Ends - Coverage under the policy and riders ends on the earliest of: the date the policy or certificate is canceled; the last day of the period for which you made any required contributions; 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; the date you are no longer in an eligible class; the date your class is no longer eligible; or discovery of fraud or material misrepresentation when filing a claim.

Continuing Your Coverage - Coverage may be continued under the Conversion Provision when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Exclusions and Limitations for Policy and the following riders: Accident Treatment & Urgent Care Rider; Dislocation/Fracture Enhanced Rider; Emergency Room Services Rider; Accidental Death, Dismemberment and Functional Loss Rider; and Benefit Enhancement Rider - Benefits are not paid for: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; any bacterial infection (except pyogenic infections from an accidental cut or wound); aviation unless a fare-paying passenger on a licensed common-carrier aircraft; 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; driving in any race or speed test or testing any vehicle on any racetrack or speedway; hernia, including complications; 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; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

Exclusions and Limitations for Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider - Benefits are not paid for: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; aviation unless a fare-paying passenger on a licensed common-carrier aircraft; 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; driving in any race or speed test or testing an automobile or any vehicle on any racetrack or speedway; 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; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

This brochure is for use in enrollments situsedin NJ. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than August 25, 2026.

Group Accident benefits are provided under policy form GVAP6 or state variations thereof. Group Accident benefits are provided under policy form GVAP6 or state variations thereof. Accident Treatment and Urgent Care Rider GP6AUC; Dislocation/Fracture Enhanced Rider GP6DFE; Emergency Room Services Rider GP6ERS; Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider GP6OPH; Accidental Death, Dismemberment and Functional Loss Rider GP6ADD; Benefit Enhancement Rider GP6BE.

The coverage provided is 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. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

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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