



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 be on the mend.

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

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; refer to your certificate for more details

See reverse for plan details

Offered to the employees of:
**Jackson Health
System**

¹National 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:

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

Dislocation/Fracture Rider

Emergency Room Services Rider

Optional/Additional Riders

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

Outpatient Physician's Treatment for Accident and Preventive Care Benefit

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: FL

This material is valid as long as information remains current, but in no event later than October 10, 2021.

Group Accident benefits are provided by policy form GVAP6 and the following riders, or state variations thereof: Accident Treatment and Urgent Care Rider GP6AUC, Accidental Death, Dismemberment and Functional Loss Rider GP6ADD, Benefit Enhancement Rider GP6BE, Dislocation/Fracture Rider GP6DF, Emergency Room Services Rider GP6ERS and Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider GP6OPH.

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.

Account Original Effective Date: 1/1/2019

Offered to the employees of:

JHS

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)	\$1,500	\$2,000
Daily Hospital Confinement (Pays daily)	\$300	\$400
Intensive Care (Pays daily)	\$600	\$800
RIDER BENEFITS	PLAN 1	PLAN 2
Accident Treatment and Urgent Care Rider		
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 ¹	\$6,000	\$8,000
Emergency Room Services Rider	\$200	\$300
Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider	\$25.00	\$50.00
Accidental Death*, Dismemberment ^{1,*} and Functional Loss ^{1,*} Rider	\$40,000	\$60,000
Common Carrier Accidental Death (fare-paying passenger)	\$100,000	\$150,000

*Each benefit pays the amount shown. ¹Up 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)	\$50	\$100
Lacerations	\$50	\$100
Burns		
< 15% 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	\$125.00	\$250.00
Medical Supplies	\$5.00	\$10.00
Medicine	\$5.00	\$10.00
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	\$6,000	\$8,000
Knee or ankle joint [▲] , bone or bones of the foot [▲]	\$2,400	\$3,200
Wrist joint	\$2,100	\$2,800
Elbow joint	\$1,800	\$2,400
Shoulder joint	\$1,200	\$1,600
Bone or bones of the hand [▲] , collarbone	\$900	\$1,200
Two or more fingers or toes	\$420	\$560
One finger or toe	\$180	\$240
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1	PLAN 2
Hip, thigh (femur), pelvis ^{▲▲}	\$6,000	\$8,000
Skull ^{▲▲}	\$5,700	\$7,600
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$3,300	\$4,400
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$2,400	\$3,200
Foot ^{▲▲} , hand or wrist ^{▲▲}	\$2,100	\$2,800
Lower jaw ^{▲▲}	\$1,200	\$1,600
Two or more ribs, fingers or toes, bones of face or nose	\$900	\$1,200
One rib, finger or toe, coccyx	\$420	\$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	\$60,000
One eye, hand, arm, foot, or leg	\$20,000	\$30,000
One or more entire toes or fingers	\$4,000	\$6,000

[▲] 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).

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$5.70	\$9.86	\$12.78	\$15.46

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

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$8.86	\$15.32	\$19.50	\$24.20

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

For Internal Home Office use only

Opt 1 - 3.0U Base; 3.0U D/F; 2.0U AUC; 2.0U ERS; 2.0U ADD; 1.0U BER; 1.0U OPH w/o sick; 24 Hour

Opt 2 - 4.0U Base; 4.0U D/F; 3.0U AUC; 3.0U ERS; 3.0U ADD; 2.0U BER; 2.0U OPH w/o sick; 24 Hour



For use in enrollments situated in: Florida. This rate insert is part of the approved flyer for JHS and form ABJ29986-5; it is not to be used on its own.

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