



## Allstate BENEFITS

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

## Accident Insurance

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right 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 support, 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.

### 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.

### Meeting Your Needs

- Guaranteed Issue coverage with a Pre-Existing Condition Limitation\*\*
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls.  
**Are you in Good Hands? You can be.**

\*National Safety Council, Injury Facts®, 2017 Edition

\*\*Please refer to the Exclusions and Limitations section of this brochure.

## DID YOU KNOW ?

The number of injuries suffered  
by workers in one year, both  
on- and off-the-job, includes:\*

ON-THE-JOB (in millions)



Work  
**4.4**

OFF-THE-JOB (in millions)



Home  
**9.2**



Non-Auto  
**4.0**



Auto  
**2.2**

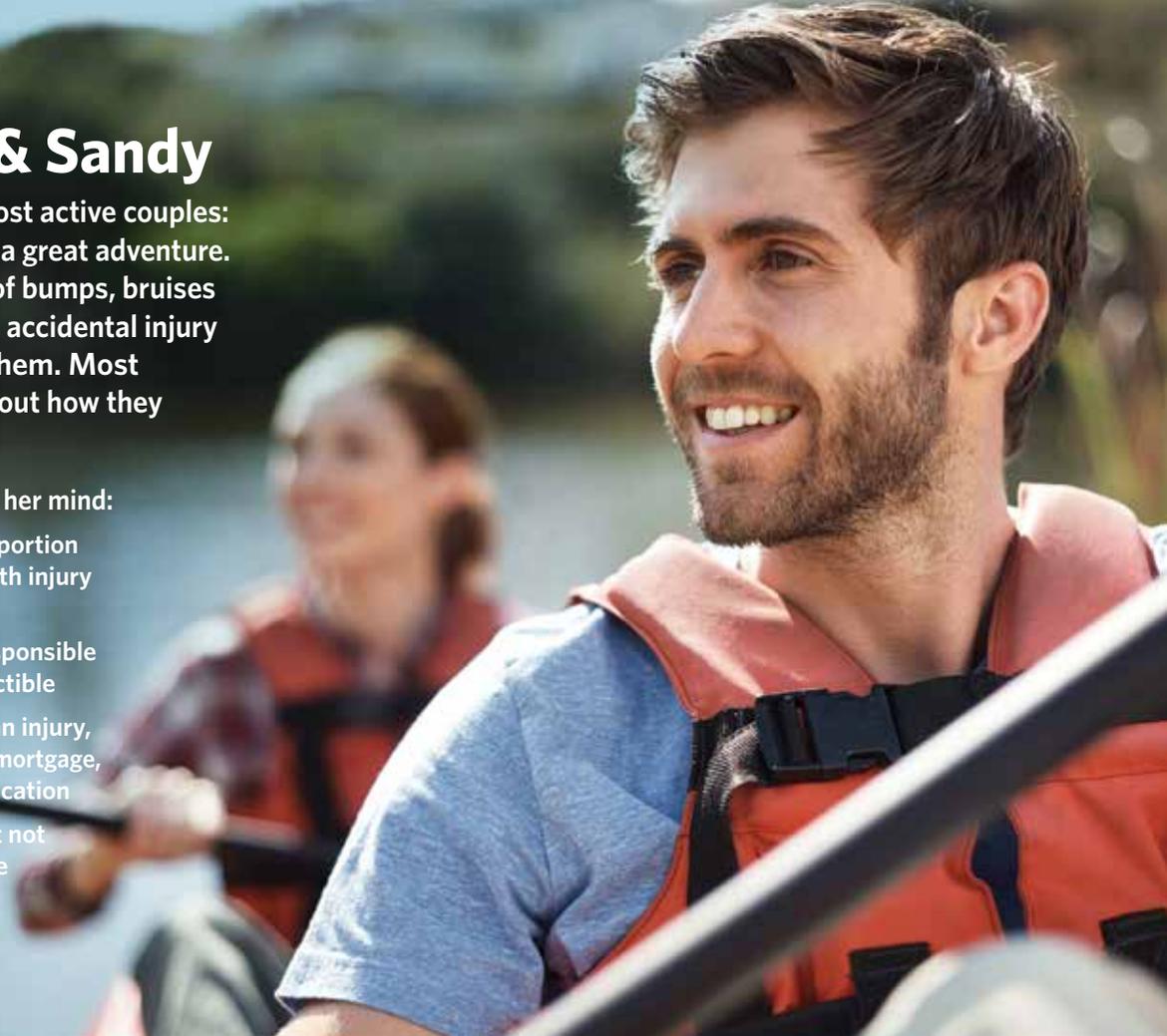
Offered to the employees of:  
**Lexington-Fayette  
Urban County  
Government**

# Meet Daniel & Sandy

Daniel and Sandy are like most active couples: they enjoy the outdoors and a great adventure. They have seen their share of bumps, bruises and breaks. Sandy knows an accidental injury could happen to either of them. Most importantly, she worries about how they will pay for it.

Here is what weighs heavily on her mind:

- Major medical will only pay a portion of the expenses associated with injury treatments
- They have copays they are responsible for until they meet their deductible
- If they miss work because of an injury, they must cover the bills, rent/mortgage, groceries and their child's education
- If they need to seek treatment not available locally, they will have to pay for it



Daniel's story of injury and treatment turned into a happy ending, because he had supplemental Accident Insurance to help with expenses.



## CHOOSE

Daniel and Sandy choose benefits to help protect their family if they suffer an accidental injury.



## USE

Daniel was playing a pick-up game of basketball with his friends when he went up for a jump-shot and, on his way back down, twisted his foot and ruptured his Achilles tendon.

Here's Daniel's treatment path:

- Taken by ambulance to the emergency room
- Examined by a doctor and X-rays were taken
- Underwent surgery to reattach the tendon
- Was visited by his doctor and released after a one-day stay in the hospital
- Had to immobilize his ankle for 6 weeks
- Was seen by the doctor during a follow-up visit and sent to physical therapy to strengthen his leg and improve his mobility

Daniel would go online after each of his treatments to file claims. The cash benefits were direct deposited into his bank account.

Daniel is back playing basketball and enjoying life.



## CLAIM

Daniel's Accident claim paid cash benefits for the following:

Ambulance Services

Medicine

Medical Expenses  
(Emergency Room and X-rays)

Initial Hospital Confinement

Hospital Confinement

Tendon Surgery

General Anesthesia

Accident Follow-Up Treatment

Physical Therapy (3 days/week)

For a listing of benefits and benefit amounts, see your company's rate insert.

## Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



### 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 perform needed home repairs for after care.



### Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



## MyBenefits: 24/7 Access [allstatebenefits.com/mybenefits](http://allstatebenefits.com/mybenefits)

An easy-to-use website that offers 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.

## Dependent Eligibility

Coverage may include you, your spouse and your children.

<sup>1</sup>Multiple dismemberments, dislocations or fractures are limited to the amount shown in the rate insert. <sup>2</sup>Up to three times per covered person, per accident.

<sup>3</sup>Two or more surgeries done at the same time are considered one operation.

<sup>4</sup>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.

<sup>5</sup>Two treatments per covered person, per accident. <sup>6</sup>Payable up to 12 months. For any month that you receive Workers' Compensation or other state disability, the benefit is reduced by 50%. Reasonable proof will be required. \*Must begin or be received within 180 days of the accident.

\*\*Within 3 days after the accident.

## Benefits (subject to maximums as listed on the attached rate insert)

### BASE POLICY BENEFITS

#### Accidental Death\*

**Common Carrier Accidental Death** - riding as a fare-paying passenger on a scheduled common-carrier

**Dismemberment<sup>1,\*</sup>** - amount paid depends on type of dismemberment. See Injury Benefit Schedule in rate insert

**Dislocation or Fracture<sup>1</sup>** - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule in rate insert

**Initial Hospitalization Confinement** - initial hospitalization after the effective date

**Hospital Confinement** - up to 90 days for any one injury

**Intensive Care** - up to 90 days for each period of continuous confinement

**Ambulance Services** - transfer to or from hospital by ambulance service

**Medical Expenses** - expenses incurred for medical or surgical treatment. Expenses are limited to physician fees, X-rays and emergency room services. Includes treatment for dental repair to sound natural teeth if repair is diagnosed by a dentist as necessary and as a result of injury

**Outpatient Physician's Treatment** - treatment outside the hospital for any cause. Payable up to 2 visits per covered person, per calendar year and a maximum of 4 visits per calendar year if dependents are covered

### BENEFIT ENHANCEMENT RIDER

**Hospital Admission\*\*** - first hospital confinement occurring during a calendar year, and 12 months after rider effective date. Payable when a benefit has been paid under the Hospital Confinement Benefit in the base policy

**Lacerations\*\*** - treatment for one or more lacerations (cuts)

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

**Skin Graft** - receiving a skin graft for which a benefit is paid under the Burns benefit

**Brain Injury Diagnosis\*\*** - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage within three days of an accident. Must be diagnosed within 30 days after the accident by CT Scan, MRI, EEG, PET scan or X-ray

**Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)\*** - must first be treated by a physician within 30 days after the accident

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

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

**Open Abdominal or Thoracic Surgery<sup>3,\*\*</sup>**

**Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery<sup>3,\*</sup>** - surgery received for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery

**Ruptured Disc Surgery<sup>3,\*</sup>** - diagnosis and surgical repair to a ruptured disc of the spine by a physician

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

**General Anesthesia\*** - payable only if the policy Surgery benefit is paid

**Blood and Plasma\*\*** - transfusion after an accident

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

**Medical Supplies** - purchased over-the-counter medical supplies. Payable only if the policy Medical Expenses benefit is paid

**Medicine** - purchased prescription or over-the-counter medicines. Payable only if the policy Medical Expenses benefit is paid

**Prosthesis\*** - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident. Payable only if a benefit is paid for loss of arm, leg, hand, foot or eye under the Dismemberment benefit

**Physical Therapy** - one treatment per day; maximum of 6 treatments per accident. Chiropractic services are excluded. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid. Must take place no longer than 6 months after accident

**Rehabilitation Unit<sup>4</sup>** - must be hospital-confined due to an injury immediately prior to being transferred to rehab. Not payable for the days on which the Hospital Confinement benefit is paid

**Non-Local Transportation<sup>2</sup>** - treatment obtained at a non-local hospital or freestanding treatment center more than 100 miles from your home. Does not cover ambulance or physician's office or clinic visits for services other than treatment

**Family Member Lodging** - one adult family member to be with you while you are confined in a non-local hospital or freestanding treatment center. Not payable if family member lives within 100 miles one-way of the treatment facility. Up to 30 days per accident. Only payable if the Non-Local Transportation benefit is paid

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

**Accident Follow-Up Treatment<sup>5</sup>** - must take place no longer than 6 months after the accident. Payable only if the policy Medical Expenses benefit is paid. Not payable for the same visit for which the Physical Therapy benefit is paid

### OPTIONAL DISABILITY RIDER BENEFIT

**On- and Off-the-Job Accident and Sickness Disability<sup>6</sup> (employee only)** - when totally disabled for 3 full days due to an on- or off-the-job injury or for 7 full days due to a sickness; see disability definitions on the next page

## DEFINITIONS

**Total Disability** – When, because of sickness or injury, you can't perform the material and substantial duties of your own occupation (as defined) and are under a physician's care.

**Own Occupation** – Your occupation when a total disability period begins; if you're unemployed at that time, it means any gainful occupation for which you're suited by education, training, or experience.

## CERTIFICATE SPECIFICATIONS

### Conditions and Limits

When an injury results in a covered loss within 90 days (unless otherwise stated on the Benefits page) 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 under the policy and Benefit Enhancement Rider may include you, your spouse, and your children. Coverage under the disability rider includes you only. 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 your death.

### When Coverage Ends

Coverage under the policy and Benefit Enhancement Rider 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 Temporarily Not Working provision; the date you are no longer in an eligible class; or the date your class is no longer eligible.

Coverage under the disability rider ends on the earliest of: the end of the grace period; the date the policy terminates; the date the certificate terminates; the next renewal date after your request to terminate the rider; or the next renewal date after your 70th birthday.

### Continuing Your Coverage

You may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

## EXCLUSIONS AND LIMITATIONS

**Exclusions and Limitations for the Base Policy 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; injury while under the influence of alcohol or any narcotic, unless taken upon the advice of a physician; any bacterial infection (except pyogenic infections from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; committing or attempting an assault or felony; driving in any race or speed test or testing any vehicle on any racetrack or speedway; hernia, including complications; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

**Exclusions and Limitations for the On- and Off-the-Job Accident and Sickness Disability Rider:** Benefits are not paid for: act of war or participation in a riot, insurrection, or rebellion; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; intentionally self-inflicted injuries; engaging in an illegal occupation or committing or attempting a felony; attempted suicide; being under the influence of alcohol, narcotics, or any other controlled substance or drug unless taken on the advice of a physician; alcohol abuse or alcoholism, drug addiction, or dependence on any controlled substance; dental or plastic surgery for cosmetic purposes; mental illness without demonstrable organic disease. Benefits are not paid during any period of incarceration.

### Disability Rider Pre-Existing Condition Limitation

Benefits are not paid during the first 12 months of coverage if caused by a pre-existing condition. A pre-existing condition is a condition for which symptoms existed within the 12 months prior to the effective date, or medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

**This brochure is for use in enrollments situated in KY and is incomplete without the accompanying rate insert.**

**Rev. 9/19. This material is valid as long as information remains current, but in no event later than September 1, 2022.** Group Accident benefits are provided under policy form GVAP1, or state variations thereof. Benefit Enhancement Rider benefits are provided under rider form GVAPBER, or state variations thereof. On- and Off-the-Job Accident and Sickness Disability Rider benefits are provided under rider form R4AP, or state variations thereof.

**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.**



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[www.allstate.com](http://www.allstate.com) or  
[allstatebenefits.com](http://allstatebenefits.com)

# Group Voluntary Accident (GVAP1)

## On- and Off-the-Job Accident Insurance from Allstate Benefits

Offered to the employees of:  
**Lexington-Fayette Urban  
County Government**

### BENEFIT AMOUNTS

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

BASE POLICY BENEFITS		PLAN 1	PLAN 2	PLAN 3
Accidental Death	Employee	\$40,000	\$60,000	\$40,000
	Spouse	\$20,000	\$30,000	\$20,000
	Children	\$10,000	\$15,000	\$10,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$200,000	\$300,000	\$200,000
	Spouse	\$100,000	\$150,000	\$100,000
	Children	\$50,000	\$75,000	\$50,000
Dismemberment <sup>1</sup>	Employee	\$40,000	\$60,000	\$40,000
	Spouse	\$20,000	\$30,000	\$20,000
	Children	\$10,000	\$15,000	\$10,000
Dislocation or Fracture <sup>1</sup>	Employee	\$4,000	\$6,000	\$4,000
	Spouse	\$2,000	\$3,000	\$2,000
	Children	\$1,000	\$1,500	\$1,000
Initial Hospitalization Confinement (pays once)		\$1,000	\$1,500	\$1,000
Hospital Confinement (pays daily)		\$200	\$300	\$200
Intensive Care (pays daily)		\$400	\$600	\$400
Ambulance Services	Ground	\$200	\$300	\$200
	Air	\$600	\$900	\$600
Medical Expenses (pays up to amount shown)		\$500	\$750	\$500
Outpatient Physician's Treatment (pays per visit)		\$50	\$75	\$50
BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2	PLAN 3
Hospital Admission (pays once/year)		\$500	\$1,000	\$1,000
Lacerations (pays once/year)		\$50	\$100	\$100
Burns	< 15% body surface	\$100	\$200	\$200
	15% or more	\$500	\$1,000	\$1,000
Skin Graft (% of Burns Benefit)		50%	50%	50%
Brain Injury Diagnosis (pays once)		\$150	\$300	\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/accident/year)		\$50	\$100	\$100
Paralysis (pays once)	Paraplegia	\$7,500	\$15,000	\$15,000
	Quadriplegia	\$15,000	\$30,000	\$30,000
Coma with Respiratory Assistance (pays once)		\$10,000	\$20,000	\$20,000
Open Abdominal or Thoracic Surgery		\$1,000	\$2,000	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$500	\$1,000	\$1,000
	Exploratory	\$150	\$300	\$300
Ruptured Disc Surgery		\$500	\$1,000	\$1,000
Eye Surgery		\$100	\$200	\$200
General Anesthesia		\$100	\$200	\$200
Blood and Plasma		\$300	\$600	\$600
Appliance		\$125	\$250	\$250
Medical Supplies		\$5	\$10	\$10
Medicine		\$5	\$10	\$10
Prosthesis	1 device	\$500	\$1,000	\$1,000
	2 or more devices	\$1,000	\$2,000	\$2,000
Physical Therapy (pays daily)		\$30	\$60	\$60
Rehabilitation Unit (pays daily)		\$100	\$200	\$200
Non-Local Transportation		\$400	\$800	\$800
Family Member Lodging (pays daily)		\$100	\$200	\$200
Post-Accident Transportation (pays once/year)		\$200	\$400	\$400
Accident Follow-Up Treatment (pays daily)		\$50	\$100	\$100
OPTIONAL RIDER BENEFIT		PLAN 1	PLAN 2	PLAN 3
On- and Off-the-Job Accident and Sickness Disability Rider (pays monthly)		n/a	n/a	\$1,000

<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.

### PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$8.32	\$15.64	\$17.02	\$20.72

### PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$12.54	\$24.10	\$26.16	\$31.88

### PLAN 3 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$42.38	\$50.88	\$52.24	\$56.24

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

## INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.  
Covered spouse gets 50% of the amounts shown and children 25%.

COMPLETE DISLOCATION	PLAN 1	PLAN 2	PLAN 3
Hip joint	\$4,000	\$6,000	\$4,000
Knee or ankle joint <sup>^</sup> , bone or bones of the foot <sup>^</sup>	\$1,600	\$2,400	\$1,600
Wrist joint	\$1,400	\$2,100	\$1,400
Elbow joint	\$1,200	\$1,800	\$1,200
Shoulder joint	\$800	\$1,200	\$800
Bone or bones of the hand <sup>^</sup> , collarbone	\$600	\$900	\$600
Two or more fingers or toes	\$280	\$420	\$280
One finger or toe	\$120	\$180	\$120
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1	PLAN 2	PLAN 3
Hip, thigh (femur), pelvis <sup>**</sup>	\$4,000	\$6,000	\$4,000
Skull <sup>**</sup>	\$3,800	\$5,700	\$3,800
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200	\$3,300	\$2,200
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600	\$2,400	\$1,600
Foot <sup>**</sup> , hand or wrist <sup>**</sup>	\$1,400	\$2,100	\$1,400
Lower jaw <sup>**</sup>	\$800	\$1,200	\$800
Two or more ribs, fingers or toes, bones of face or nose	\$600	\$900	\$600
One rib, finger or toe, coccyx	\$280	\$420	\$280
LOSS	PLAN 1	PLAN 2	PLAN 3
Life or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000	\$60,000	\$40,000
One eye, hand, arm, foot, or leg	\$20,000	\$30,000	\$20,000
One or more entire toes or fingers	\$4,000	\$6,000	\$4,000

<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 use in enrollments situated in: KY. This rate insert is part of form ABJ25513X-2 and is not to be used on its own.

**This material is valid as long as information remains current, but in no event later than September 1, 2022.**

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