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, meaning no medical questions to answer
• 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 more details

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

DID YOU KNOW?

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

<table>
<thead>
<tr>
<th>Occurrence</th>
<th>(in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ON-THE-JOB</strong></td>
<td></td>
</tr>
<tr>
<td>Work</td>
<td>4.9</td>
</tr>
<tr>
<td><strong>OFF-THE-JOB</strong></td>
<td></td>
</tr>
<tr>
<td>Home</td>
<td>8.3</td>
</tr>
<tr>
<td>Non-Auto</td>
<td>3.6</td>
</tr>
<tr>
<td>Auto</td>
<td>2.0</td>
</tr>
</tbody>
</table>

Offered to the employees of:

The Hertz Corporation

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

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
• Visited by his doctor and released after a one-day stay in the hospital
• Had to immobilize his ankle for 6 weeks
• 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.

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

Daniel’s Accident claim paid cash benefits for the following:
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 (3 days/week)

For a listing of benefits and benefit amounts, see your company’s rate insert.
Benefits (subject to maximums as listed on the attached rate insert)

BASE POLICY BENEFITS
Initial Hospital Confinement
- 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 Rider - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule in rate insert
- 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 - 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 & Functional Loss Rider
  Benefits for: Accidental Death, Common Carrier, Dismemberment, Functional Loss

Benefit Enhancement Rider
- Accident Follow-Up Treatment - not payable for the same visit for which the Physical, Occupational or Speech Therapy benefit is paid
- 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
- Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery - surgery for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays a reduced amount for arthroscopic exploratory surgery
- Ruptured Disc Surgery - 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 one of the rider 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
- Non-Local Transportation - obtaining treatment more than 50 miles from your home when not available locally. Ground or air ambulance is not covered
- 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
- 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

*Two treatments per covered person, per accident. **Up to three times per covered person, per accident. ^Multiple dislocations, fractures, dismemberments or functional losses from the same accident are limited to the amount shown in the Benefit Amounts on rate insert. 1Two or more surgeries done at the same time are considered one operation. 2Paid 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.

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
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 benefits to be direct deposited, make changes to personal information, and more.

Dependent Eligibility
Coverage may include you, your spouse or domestic partner, and your children.
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, 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 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 (if included) 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
You may be eligible to continue your coverage 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 and Urgent Care Rider; Dislocation/Fracture 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); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or 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; injury while under the influence of alcohol or any drug, unless 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; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting an assault or felony; driving in any race or speed test or testing an automobile or any vehicle on any racetrack or speedway; injury while under the influence of alcohol or any drug, unless 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.
**Group Voluntary Accident (GVAP6)**

**24-Hour Accident Insurance**

from Allstate Benefits

See attached Important Information About Coverage.

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**BENEFIT AMOUNTS**

Benefits are paid once per accident unless otherwise noted here or in the Important Information About Coverage.

<table>
<thead>
<tr>
<th>BASE POLICY BENEFITS</th>
<th>PLAN 1</th>
<th>PLAN 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Hospital Confinement (Pays once/year)</td>
<td>$750</td>
<td>$1,250</td>
</tr>
<tr>
<td>Daily Hospital Confinement (Pays daily)</td>
<td>$150</td>
<td>$250</td>
</tr>
<tr>
<td>Intensive Care (Pays daily)</td>
<td>$300</td>
<td>$500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RIDER BENEFITS</th>
<th>PLAN 1</th>
<th>PLAN 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident Treatment and Urgent Care Rider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance Ground</td>
<td>$100</td>
<td>$150</td>
</tr>
<tr>
<td>Air</td>
<td>$300</td>
<td>$450</td>
</tr>
<tr>
<td>Accident Physician’s Treatment</td>
<td>$50</td>
<td>$75</td>
</tr>
<tr>
<td>X-ray</td>
<td>$100</td>
<td>$150</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$50</td>
<td>$75</td>
</tr>
<tr>
<td>Dislocation or Fracture Rider</td>
<td>$3,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Emergency Room Services Rider</td>
<td>$100</td>
<td>$150</td>
</tr>
<tr>
<td>Outpatient Physician’s Treatment for Accident and Preventive Care Benefit Rider</td>
<td>$25.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>Accidental Death*, Dismemberment†,* and Functional Loss†,* Rider</td>
<td>$20,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Common Carrier Accidental Death (fare-paying passenger)</td>
<td>$50,000</td>
<td>$125,000</td>
</tr>
</tbody>
</table>

*Each benefit pays the amount shown. †Up to amount shown; see Injury Benefit Schedule on reverse.

Multiple losses from same injury pay only up to amount shown above.

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**BENEFIT ENHANCEMENT RIDER**

<table>
<thead>
<tr>
<th></th>
<th>PLAN 1</th>
<th>PLAN 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident Follow-Up Treatment (Pays daily)</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Lacerations</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Burns &lt; 15% body surface</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Burns &gt; 15% or more</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Skin Graft (% of Burns Benefit)</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Brain Injury Diagnosis</td>
<td>$300</td>
<td>$300</td>
</tr>
<tr>
<td>Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (Pays once/year)</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Paralysis (Pays once)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paraplegia</td>
<td>$7,500</td>
<td>$7,500</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>$15,000</td>
<td>$15,000</td>
</tr>
<tr>
<td>Coma with Respiratory Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10,000</td>
<td>$10,000</td>
<td></td>
</tr>
<tr>
<td>Open Abdominal or Thoracic Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1,000</td>
<td>$1,000</td>
<td></td>
</tr>
<tr>
<td>Tendon, Ligament, Rotator Cuff Surgery or Knee Cartilage Surgery Exploratory</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td></td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>Ruptured Spinal Disc Surgery</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Eye Surgery</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>General Anesthesia</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Blood and Plasma</td>
<td>$300</td>
<td>$300</td>
</tr>
<tr>
<td>Appliance</td>
<td>$125.00</td>
<td>$125.00</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>$5.00</td>
<td>$5.00</td>
</tr>
<tr>
<td>Medicine</td>
<td>$5.00</td>
<td>$5.00</td>
</tr>
<tr>
<td>Prosthesis 1 device</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>2 or more devices</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Physical, Occupational or Speech Therapy (Pays daily)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation Unit</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>Non-Local Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$250</td>
<td>$250</td>
<td></td>
</tr>
<tr>
<td>Family Member Lodging</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Post-Accident Transportation (Pays once/year)</td>
<td>$200</td>
<td>$200</td>
</tr>
<tr>
<td>Broken Tooth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$100</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>Residence/Vehicle Modification</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Pain Management (Epidural Injection)</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Miscellaneous Outpatient Surgery</td>
<td>$100</td>
<td>$100</td>
</tr>
</tbody>
</table>
# INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

<table>
<thead>
<tr>
<th>COMPLETE DISLOCATION</th>
<th>PLAN 1</th>
<th>PLAN 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip joint</td>
<td>$3,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Knee or ankle joint*, bone or bones of the foot*</td>
<td>$1,200</td>
<td>$2,000</td>
</tr>
<tr>
<td>Wrist joint</td>
<td>$1,050</td>
<td>$1,750</td>
</tr>
<tr>
<td>Elbow joint</td>
<td>$900</td>
<td>$1,500</td>
</tr>
<tr>
<td>Shoulder joint</td>
<td>$600</td>
<td>$1,000</td>
</tr>
<tr>
<td>Bone or bones of the hand*, collarbone</td>
<td>$450</td>
<td>$750</td>
</tr>
<tr>
<td>Two or more fingers or toes</td>
<td>$210</td>
<td>$350</td>
</tr>
<tr>
<td>One finger or toe</td>
<td>$90</td>
<td>$150</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMPLETE, SIMPLE OR CLOSED FRACTURE</th>
<th>PLAN 1</th>
<th>PLAN 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip, thigh (femur), pelvis**</td>
<td>$3,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Skull**</td>
<td>$2,850</td>
<td>$4,750</td>
</tr>
<tr>
<td>Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)</td>
<td>$1,650</td>
<td>$2,750</td>
</tr>
<tr>
<td>Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)</td>
<td>$1,200</td>
<td>$2,000</td>
</tr>
<tr>
<td>Foot**, hand or wrist**</td>
<td>$1,050</td>
<td>$1,750</td>
</tr>
<tr>
<td>Lower jaw**</td>
<td>$600</td>
<td>$1,000</td>
</tr>
<tr>
<td>Two or more ribs, fingers or toes, bones of face or nose</td>
<td>$450</td>
<td>$750</td>
</tr>
<tr>
<td>One rib, finger or toe, coccyx</td>
<td>$210</td>
<td>$350</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOSS</th>
<th>PLAN 1</th>
<th>PLAN 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life, hearing, speech, or both eyes, hands, arms, feet or legs, or one hand or arm and one foot or leg</td>
<td>$20,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>One eye, hand, arm, foot, or leg</td>
<td>$10,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>One or more entire toes or fingers</td>
<td>$2,000</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

* 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).

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