

# Are you protected from life's accidents?

There are things that  
you or your family do  
daily that may lead to  
an accidental injury and  
out-of-pocket expenses.



SPORTS



TRAVEL



WORK

More than half of the 7 million sports and recreation-related injuries that occur each year are sustained by youth between ages 5 and 24.<sup>1</sup>

<sup>1</sup>Protect the Ones You Love, Sports Injuries, 2009, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

**GROUP ACCIDENT INSURANCE**

Best in Benefits Series<sup>SM</sup>



**Allstate**<sup>®</sup>

Benefits

# group voluntary accident

Allstate Benefits (AB) group voluntary accident coverage provides cash benefits for out-of-pocket expenses associated with an accidental injury and can help protect hard-earned savings should an on- or off-the-job accidental injury occur.

No one plans to have an accident. But, it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. Our policy can help pick up where other insurance leaves off and provide cash to cover the expenses.

Our accident coverage helps offer peace of mind when an accidental injury occurs. Below is an example of how benefits are paid.\*

1 of 4 Incremental benefits is chosen

Injury occurs

2 years later the employee is traveling to work, is in a car accident, and is air lifted to the hospital

Employee incurred expenses for services in and out of the hospital. In addition to what their major medical insurance paid, our voluntary accident benefits paid for:

Air Ambulance Service	\$ 600
Hospital Admission	\$ 500
Open Abdominal/Thoracic Surgery	\$1,000
Medicine	\$ 10
Medical Expenses (surgery)	\$ 500
Initial Hospital Confinement	\$1,000
3-Day Hospital Stay	\$ 600
Outpatient Doctor Visit	\$ 50

**With Accident Coverage**  
Additional dollars to pay for co-pay, deductible and other out-of-pocket costs  
**Benefits paid: \$4,255**

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**Without Accident Coverage**  
No additional dollars to pay for co-pay, deductible or other out-of-pocket costs  
**Benefits paid: \$0**

## i meeting your needs

Our accident coverage helps offer peace of mind when an accidental injury occurs.

- Coverage that is guaranteed at initial enrollment, there are no medical exams or tests to take.\*\*
- Benefits that correspond with treatment for on- and off-the-job accidental injuries including hospitalization, emergency treatment, intensive care, fractures, plus more
- 24-hour accident coverage for yourself or your entire family
- Affordable premiums
- Benefits paid directly to you, unless you assign them to someone else
- Portable coverage

\*\*During open enrollment only. If you enroll after the open enrollment period, evidence of insurability may be required.

## 👍 your benefit coverage†

**Accidental Death\*\*\*** - Pays for accidental death.

**Common Carrier Accidental Death\*\*\*** - Pays for death while riding as a fare-paying passenger on a scheduled common carrier.

**Dismemberment\*\*\*** - Pays for dismemberment. Multiple dismemberments during the same injury are limited to the principal amount listed in the policy.

**Dislocation or Fracture\*\*\*** - Pays for dislocation or fracture. Multiple dislocations or fractures during the same injury are limited to the principal amount listed in the policy.

**Initial Hospital Confinement** - Pays when you are hospital confined for the first time after the effective date.

**Hospital Confinement** - Pays when you are confined in a hospital up to 90 days for each continuous hospital confinement.

**Intensive Care** - Pays when you are confined in a hospital intensive care unit up to 90 days for each continuous hospital intensive care confinement.

**Ambulance** - Pays for you to be transferred by ambulance service to or from a hospital.

**Medical Expenses** - Pays when you have medical expenses.

**Outpatient Physician's Treatment** - Pays when you are treated by a physician outside of a hospital for any reason. Limited to 2 visits per person per year, and 4 visits per year if your dependents are covered.

\*The example shown may vary from the plan your employer is offering. Your individual experience may also vary. Please see pages 4 and 5 for your plan details.

\*\*\*Pays 50% of the benefit amount for a covered spouse and 25% for each covered child.

†See page 4 for limits and conditions.



Most unintentional injuries occurred in or around the home (44.3%) followed by injuries at recreational and sport facilities (15.4%) and injuries on streets, highways, sidewalks, and parking lots (10.9%).<sup>2</sup>

<sup>2</sup> *Injury Facts 2010 Edition*, National Safety Council.

**Hospital Admission** - Pays for your first hospital confinement, after you have been continuously covered by this rider for 12 months. Must be confined within 3 days after the accident. Paid once per year.

**Lacerations** - Pays when you receive treatment for 1 or more cuts within 3 days after an accident. Paid once per year.

**Burns** - Pays when you receive treatment for burns, other than sun burns, within 3 days after an accident. Paid once per accident.

**Skin Graft\*\*** - Pays when you receive a skin graft for a covered burn. Paid once per accident.

**Brain Injury Diagnosis** - Pays a one-time benefit when you are diagnosed with 1 of these traumatic brain injuries within 30 days after an accident: concussion, cerebral laceration, cerebral contusion, or intracranial hemorrhage. Must be first treated by a physician within 3 days after the accident.

**Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)\*** - Pays when you receive a CT scan or MRI. Must be first treated by a physician within 30 days after the accident. Paid once per year.

**Paralysis** - Pays a one-time benefit when you are paralyzed from a spinal-cord injury for at least 90 days. Must be confirmed by a physician within 3 days after the accident.

**Coma With Respiratory Assistance** - Pays a one-time benefit when you are in a coma.

**Open Abdominal or Thoracic Surgery** - Pays when you have open abdominal or thoracic surgery for internal injuries within 3 days after the accident.

**Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery\*** - Pays when you have surgery to repair a tendon, ligament, rotator cuff or knee cartilage; or for exploratory arthroscopic surgery.

**Ruptured Disc Surgery\*** - Pays when you have a surgical procedure to repair a ruptured spinal disc.

**Eye Surgery\*\*** - Pays when you have surgery or a foreign object removed from the eye. Paid once per accident.

**General Anesthesia\*** - Pays for general anesthesia during a covered surgery.

**Blood and Plasma** - Pays for a blood or plasma transfusion within 3 days after an accident. Paid once per accident.

**Appliance\*\*** - Pays for 1 of the following: wheelchair, crutches, or walker. Paid once per accident.

**Medical Supplies\*\*** - Pays for over-the-counter medical supplies. Paid once per accident.

**Medicine\*\*** - Pays for prescription or over-the-counter medicine. Paid once per accident.

**Prosthesis\*** - Pays for a physician-prescribed prosthetic arm, leg, hand, foot or eye. Paid once per accident.

**Physical Therapy\*\*** - Pays for physician-prescribed physical therapy (up to 6 treatments per accident). Must take place within 6 months after the accident.

**Rehabilitation Unit** - Pays when you are confined in a rehabilitation unit after a hospital stay. Paid up to 30 days per confinement (maximum 60 days per year).

**Non-Local Transportation** - Pays when you have physician-prescribed treatment at a hospital or treatment center more than 100 miles from your home. Paid up to 3 times per accident.

**Family Member Lodging** - Pays when one adult family member accompanies you to receive treatment at a hospital or treatment center more than 100 miles from the family member's home.

**Post-Accident Transportation** - Pays when you are hospital confined for at least 3 days in a row more than 250 miles from your home and you are brought home by a common carrier.

**Accident Follow-Up Treatment** - Pays when you receive follow-up treatment from a physician in their office or in a hospital as an outpatient (up to 2 treatments per accident). Must take place within 6 months after the accident.

\*must begin or be received within 180 days of the accident.

\*\*must begin, be received, or performed within 90 days of the accident.



## certificate specifications

**Conditions and Limits** - When an injury results in a covered loss within 90 days (180 days for dismemberment or death) from the date of an accident, AB will pay benefits as stated. **Treatment must be received in the United States or its territories.**

**Your Eligibility** - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

**Dependent Eligibility/Termination** - (a) Coverage may include you, your spouse and children. (b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce or your death.

**Termination of Coverage** - Coverage under the policy ends on the earliest of: the date the policy is canceled; or the last day of the period for which you made any required contributions; or the last day you are in active employment, except as provided under the "Temporarily Not Working" provision; or the date you are no longer in an eligible class; or the date your class is no longer eligible.

**Portability Privilege** - Coverage may be continued under the Portability Provision when coverage under the policy ends.

**Certificate Limitations and Exclusions** - Benefits are not paid for any loss incurred as a result of: (a) injury incurred before the effective date; (b) any act of war or participation in a riot, insurrection or rebellion; (c) suicide or any attempt at suicide; (d) any injury sustained while under the influence of alcohol or any narcotic unless administered upon the advice of a physician; (e) any bacterial infection (except pyogenic infections that occur with and through an accidental cut or wound); (f) participation in aeronautics unless a fare-paying passenger on a licensed common carrier aircraft; (g) committing or attempting to commit an assault or felony; (h) driving in any organized or scheduled race or speed test or testing any vehicle on any racetrack or speedway; (i) hernia, including complications; (j) serving as an active member of the Military; Naval; or Air Forces of any country or combination of countries.

**Pre-existing Condition Limitation** - (a) Benefits are not paid on losses occurring during the first 12 months of coverage if caused by a pre-existing condition. (b) A pre-existing condition is a disease or physical condition for which symptoms existed within the 12-month period prior to the effective date; or medical advice or treatment was recommended or received from a member of the medical profession within the 12-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.



## Don't Wait for A Sign

Accidents can happen unexpectedly and can be costly, especially if you are financially unprepared. Your current medical coverage will help pay for expenses associated with an injury, but won't cover all of the out-of-pocket expenses you may face. Don't wait until you are on the road to recovery after an accidental injury to realize you need more protection.

Start thinking about the future of your finances today and plan for the road ahead. You can rely on our Group Accident Insurance to help provide the financial assistance you need, when you need it most so you can cope with the challenges of recovery.



The most commonly mentioned body sites for injuries were wrist, hand, and fingers followed by lower leg and ankle.<sup>3</sup>

If you suffer an accidental injury, would you be able to handle the extra expenses associated with your recovery?

**Coverage is provided by supplemental, limited benefit insurance.**

This material is valid as long as information remains current, but in no event later than August 15, 2014. Group Voluntary Accident benefits provided by policy form GVAP1, or state variations thereof.

This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the policyholder (employer) and the insurance company. For complete details of the insurance, including exclusions, restrictions and other provisions included in the certificates issued, contact your Insurance Agent, or call Allstate Benefits at: **1-800-521-3535** or, go to **[allstateatwork.com](http://allstateatwork.com)**. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

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This brochure is for use in enrollments situated in: FL



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## group voluntary accident

### BASE ACCIDENT BENEFITS

		PLAN
Accidental Death	Employee	\$100,000
	Spouse	\$50,000
	Child	\$25,000
Common Carrier Accidental Death	Employee	\$500,000
	Spouse	\$250,000
	Child	\$125,000
Dismemberment	Employee	up to \$100,000 <sup>1</sup>
	Spouse	up to \$50,000 <sup>1</sup>
	Child	up to \$25,000 <sup>1</sup>
Dislocation and Fracture	Employee	up to \$4,000 <sup>1</sup>
	Spouse	up to \$2,000 <sup>1</sup>
	Child	up to \$1,000 <sup>1</sup>
Initial Hospital Confinement		\$1,000
Hospital Confinement (per day)		\$400
Intensive Care (per day)		\$800
Ambulance	Regular Ambulance	\$400
	Air Ambulance	\$1,200
Medical Expenses		up to \$600
Outpatient Physician's Treatment (per visit)		\$50
Hospital Admission		\$1,000
Lacerations		\$100
Burns	< 15% of body surface	\$200
	> 15% or more	\$1,000
Skin Graft (% of Burns)		50%
Brain Injury Diagnosis		\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)		\$100
Paralysis	Paraplegia	\$15,000
	Quadriplegia	\$30,000
Coma with Respiratory Assistance		\$20,000
Open Abdominal or Thoracic Surgery		\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000
	Exploratory	\$300
Ruptured Disc Surgery		\$1,000
Eye Surgery		\$200
General Anesthesia		\$200
Blood and Plasma		\$600
Appliance		\$250
Medical Supplies		\$10
Medicine		\$10
Prosthesis	One Device	\$1,000
	Two or More	\$2,000
Physical Therapy (per day)		\$60
Rehabilitation Unit (per day)		\$200
Non-Local Transportation (per trip)		\$800
Family Member Lodging (per day)		\$200
Post-Accident Transportation		\$400
Accident Follow-Up Treatment (per day)		\$100

For the employees of:

**Sarasota County Government**

<sup>1</sup> Based on amounts shown in the Injury Benefit Schedule 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%.

<b>LOSS OF LIFE OR LIMB</b>	<b>PLAN</b>
Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and foot or leg	\$100,000
One eye, one hand, one arm, one foot, or one leg	\$50,000
One or more entire toes or fingers	\$10,000
<b>COMPLETE DISLOCATION</b>	<b>PLAN</b>
Hip joint	\$4,000
Knee or ankle joint*, bone or bones of the foot*	\$1,600
Wrist joint	\$1,400
Elbow joint	\$1,200
Shoulder joint	\$800
Bone or bones of the hand*, Collarbone	\$600
Two or more fingers or toes	\$280
One finger or toe	\$120
<b>COMPLETE, SIMPLE OR CLOSED FRACTURE</b>	<b>PLAN</b>
Hip, thigh (femur), pelvis**	\$4,000
Skull**	\$3,800
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600
Foot**, hand or wrist**	\$1,400
Lower jaw**	\$800
Two or more ribs, fingers or toes, bones of face or nose	\$600
One rib, finger or toe, Coccyx	\$280

\*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).

## premiums

MODE	PLAN	EE	EE + SP	EE + CH	F
Bi-Weekly		\$6.70	\$12.42	\$11.36	\$17.06

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

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