



## Group Voluntary Off-the-Job Accident (Texas)

### BASE ACCIDENT BENEFITS

		Option 1	Option 2
Accidental Death	Insured Employee	\$40,000	\$40,000
	Spouse, if covered	\$20,000	\$20,000
	Child(ren), if covered	\$10,000	\$10,000
Common Carrier Accidental Death	Insured Employee	\$200,000	\$200,000
	Spouse, if covered	\$100,000	\$100,000
	Child(ren), if covered	\$50,000	\$50,000
Dismemberment	Insured Employee	Up to \$40,000	Up to \$40,000
	Spouse, if covered	Up to \$20,000	Up to \$20,000
	Child(ren), if covered	Up to \$10,000	Up to \$10,000
Dislocation or Fracture	Insured Employee	Up to \$4,000	Up to \$4,000
	Spouse, if covered	Up to \$2,000	Up to \$2,000
	Child(ren), if covered	Up to \$1,000	Up to \$1,000
Hospitalization Confinement (per year)		\$1,000	\$1,000
Daily Hospital Confinement (per day)		\$200	\$200
Intensive Care (per day)		\$400	\$400
Ambulance Services	Regular	\$200	\$200
	Air	\$600	\$600
Accident Physician Treatment		\$100	\$100
X-Ray		\$200	\$200
Emergency Room Services		\$200	\$200

### BENEFIT ENHANCEMENTS

Lacerations		\$100	\$100
Burns	less than 15% of body	\$200	\$200
	15% or more of body	\$1,000	\$1,000
Skin Graft Benefit (% of Burns)		50%	50%
Brain Injury Diagnosis		\$300	\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)		\$100	\$100
Paralysis	Paraplegia	\$15,000	\$15,000
	Quadriplegia	\$30,000	\$30,000
Coma with Respiratory Assistance		\$20,000	\$20,000
Open Abdominal or Thoracic Surgery		\$2,000	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000	\$1,000
	Exploratory	\$300	\$300
Ruptured Disc Surgery		\$1,000	\$1,000
Eye Surgery		\$200	\$200
General Anesthesia		\$200	\$200
Blood and Plasma		\$600	\$600
Appliance		\$250	\$250
Medical Supplies		\$10	\$10
Medicine		\$10	\$10
Prosthesis	1 device	\$1,000	\$1,000
	2 or more devices	\$2,000	\$2,000
Physical Therapy (per day)		\$60	\$60
Rehabilitation Unit (per day)		\$200	\$200
Non-local Transportation (per trip)		\$800	\$800
Family Member Lodging (per day)		\$200	\$200
Post-Accident Transportation		\$400	\$400
Accident Follow-Up Treatment (per day)		\$100	\$100
<b>ADDITIONAL RIDER BENEFITS</b>			
Outpatient Physician's Benefit		\$50	\$100

## premiums

PLAN DESIGN	EE	EE + SP	EE + CH	F
<b>Option 1 – Monthly Premiums</b>	<b>\$12.52</b>	<b>\$18.36</b>	<b>\$25.26</b>	<b>\$31.58</b>
<b>Option 2 – Monthly Premiums</b>	<b>\$13.76</b>	<b>\$19.80</b>	<b>\$27.96</b>	<b>\$34.96</b>

For Internal Home Office use only

Opt 1 - 2.00U Base; 2.00U Ber; 2.00U Opt

Opt 2 - 2.00U Base; 2.00U Ber; 4.00U Opt

SQ V.05.15.2015

This Quote Expires on 4/6/2017

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



Plan design and rates indicate which of the following items are applicable to the proposed plan. Below information includes all options available in the proposed situs state.

Group Voluntary Off-the-Job Accident pays the following benefits for covered off-the-job accidental injuries that result within 90 days (180 days for Accidental Death or Dismemberment or unless otherwise stated) from the date of the accident. A physician must diagnose covered losses. Any loss not stated is not covered. Treatment must be received in the United States or its territories.

### BASE ACCIDENT BENEFITS DESCRIPTIONS

Accidental Death – Pays a benefit for accidental death.

Common Carrier Accidental Death – We pay a benefit if death results from an injury while riding as a fare paying passenger on a scheduled common carrier.

Dismemberment - Amount paid depends on dismemberment, as shown in policy schedule.

Dislocation or Fracture Enhancement - Amount paid depends on dislocation or fracture, as shown in policy schedule. Only dislocations and fractures listed in policy schedule are covered.

Hospitalization Confinement – For each covered person, the policy will pay the amount shown on page 2 when the covered person is confined in the hospital as a result of an accident. Payable once per person, per calendar year. Treatment must be received in the United States or its territories, unless the treatment is the result of an emergency.

Daily Hospital Confinement – Benefit paid per day. Maximum of 90 days per injury.

Intensive Care – When a covered person is hospitalized and admitted into the ICU unit as a result of an accident, we will pay the amount shown on page 2, per day of confinement. The maximum number of days that this benefit is payable for each continuous hospital intensive care confinement is 90 days.

Ambulance - Needed as a result of an accidental injury.

Accident Physician Treatment - We pay the amount shown on page 2 if a covered person receives treatment from a physician for an injury. This benefit is payable only once per covered accident per covered person. Treatment must be received in the United States or its territories, unless the treatment is the result of an emergency.

X-Ray - We pay the amount shown on page 2 if a covered person receives x-rays for an injury. This benefit is payable only once per covered accident, per covered person. Treatment must be received in the United States or its territories, unless the treatment is the result of an emergency.

Emergency Room Services - We pay the amount shown on page 2 if a covered person receives emergency room services for an injury. This benefit is payable only once per covered accident, per covered person. Treatment must be received in the United States or its territories, unless the treatment is the result of an emergency.

### BENEFIT ENHANCEMENT DESCRIPTIONS

Lacerations - We pay the amount shown on page 2 if a covered person receives treatment for one or more lacerations (cuts) within 3 days after the accident. This benefit is payable only once per covered person per calendar year.

Burns - We pay the amount shown on page 2 if a covered person receives treatment for one or more burns, other than sun burns within 3 days after the accident. We pay the applicable amount only once per covered person per accident.

Skin Graft - We pay the amount shown on page 2 if a covered person receives a skin graft for a burn for which a benefit is paid under the Burns Benefit. The skin graft must be performed within 90 days after the accident. This benefit is payable only once per covered person per accident.

Brain Injury Diagnosis - We pay the amount shown on page 2 upon the first diagnosis of one of the following traumatic brain injuries by a covered person: concussion, cerebral laceration, cerebral contusion, or intracranial hemorrhage. The covered person must be first treated by a physician within 3 days after the accident. Diagnosis of the covered traumatic brain injury by computed tomography (CT) scan, magnetic resonance imaging (MRI), electroencephalogram (EEG), positron emission tomography (PET) scan, or X-ray must occur within 30 days after the accident. This benefit is payable only once per



covered person.

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) - We pay the amount shown on page 2 if a covered person receives a CT scan or MRI within 180 days after the accident. The covered person must be first treated by a physician within 30 days after the accident. This benefit is payable only once per covered person per accident per calendar year.

Paralysis - We pay the amount shown on page 2 if a covered person receives a spinal cord injury resulting in the complete and permanent loss of use of 2 or more limbs as a result of an injury. Paralysis must be confirmed by the attending physician within 3 days after the accident and have a duration of at least 90 consecutive days. This benefit is payable only once per covered person.

Coma with Respiratory Assistance - We pay the amount shown on page 2 if a covered person is in a coma as defined in the policy. This benefit is payable only once per covered person.

Open Abdominal or Thoracic Surgery - We pay the amount shown on page 2 if a covered person undergoes open abdominal or thoracic surgery for internal injuries within 3 days after the accident. We pay this benefit even if no surgical repair is required. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation.

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery - We pay the first amount shown on page 2 if a covered person undergoes a surgical procedure to repair an injury to a tendon, ligament, rotator cuff or knee cartilage. The injured site must be torn, ruptured, or severed and the surgical procedure must be performed by a physician within 180 days after the accident. If exploratory surgery using arthroscopy is performed and no surgical repair is required then we will pay the second amount shown on page 2. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation and we will pay the amount for the procedure with the largest dollar amount benefit.

Ruptured Disc Surgery - We pay the amount shown on page 2 if a covered person undergoes a surgical procedure to repair a ruptured disc of the spine. The ruptured disc must be diagnosed and the surgical procedure must be performed by a physician within 180 days after the accident. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered one operation.

Eye Surgery - We pay the amount shown on page 2 for surgery or removal of a foreign object from the eye of a covered person. The procedure must be performed by a physician within 90 days after the accident. An examination with or without anesthesia is not considered surgery. This benefit is payable only once per covered person per accident.

General Anesthesia - We pay the amount shown on page 2 if a covered person received general anesthesia administered by a nurse anesthetist or physician for surgery required to treat an injury provided a benefit is paid for the surgery under a policy Surgery Benefit. The surgery must be performed by a physician within 180 days after the accident.

Blood and Plasma - We pay the amount shown on page 2 if a covered person receives a blood or plasma transfusion within 3 days after the accident. This benefit is payable only once per covered person per accident.

Appliance - We pay the amount shown on page 2 if a covered person receives one of the following medical appliances prescribed by a physician as an aid in personal locomotion or mobility: wheelchair, crutches, or walker. The use of a medical appliance must begin within 90 days after the accident. This benefit is payable only once per covered person per accident.

Medical Supplies - We pay the amount shown on page 2 for over-the-counter medical supplies purchased for a covered person provided a benefit is paid for the accident under the Accident Physician Treatment benefit or X-Ray benefit. The supplies must be purchased within 90 days after the accident. We pay this benefit once per covered person per accident.

Medicine - We pay the amount shown on page 2 per accident for prescription or over-the-counter medicine purchased for a covered person provided a benefit is paid for the accident under the Accident Physician Treatment benefit or X-Ray benefit. The medicine must be purchased within 90 days after the accident. We pay this benefit once per covered person per accident.

Prosthesis - We pay the amount shown on page 2 for a prosthetic arm, leg, hand, foot or eye prescribed by a physician to replace an arm, leg, hand, foot or eye that a covered person loses as a direct result of an accident. This benefit is paid only if a benefit is paid for the loss of an arm, leg, hand, foot or eye under the Dismemberment Benefit. The prosthetic device must be received within 180 days after the accident. This benefit is payable only once per covered person per accident.

Physical Therapy - We pay the amount shown on page 2 per day for physical therapy treatment received by a covered person when prescribed by a physician for an injury, provided a benefit is paid for the accident under the Accident Physician Treatment benefit or X-Ray benefit. We pay for one physical therapy treatment per day for up to a maximum of 6 treatments per



accident per covered person. Chiropractic services are excluded. Physical therapy must begin within 90 days after the accident and take place no longer than 6 months after the accident. This benefit is not payable for the same visit for which the Accident Follow-Up Treatment Benefit is paid.

**Rehabilitation Unit** - We pay the amount shown on page 2 per day if a covered person is confined to a rehabilitation unit as a result of an injury, provided that the covered person has been hospital confined immediately prior to being transferred to the rehabilitation unit. This benefit is 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. This benefit is not payable for days on which the Daily Hospital Confinement Benefit in the policy is paid.

**Non-local Transportation** - We pay the amount shown on page 2 per trip, up to 3 trips per accident, for non-local treatment of a covered person at a hospital or other specialized freestanding treatment center prescribed by a physician when the same or similar treatment cannot be obtained locally. "Non-local" means a one-way trip of 100 miles or more from the covered person's home to the nearest treatment facility. We do not pay for visits to a physician's office or clinic or for services other than actual treatment. Transportation by ground or air ambulance is not covered under this benefit.

**Family Member Lodging** - We pay the amount shown on page 2 per day, up to 30 days for each accident, for the lodging of one adult family member of the covered person's family to be with the covered person when a covered person is confined in a non-local hospital or other specialized freestanding treatment center for treatment. This benefit is only payable if the Non-local Transportation Benefit is paid. This benefit will not be paid if the family member lives within 100 miles one-way of the treatment facility.

**Post-Accident Transportation** - We pay the amount shown on page 2 if a covered person is hospital confined for at least 3 consecutive days due to an injury resulting from an accident which occurs more than 250 miles from his or her place of residence and the covered person is brought home by a common carrier. For the purpose of this benefit, a common carrier means a method of transport with defined published routes, time schedules and rates approved by regulators including public airlines, railroads, and bus lines. Travel to the place of residence must take place within 48 hours following discharge from the hospital. This benefit is payable for the injured covered person only, and only if the Daily Hospital Confinement Benefit is paid. This benefit is payable only once per covered person per calendar year.

**Accident Follow-Up Treatment** - We pay the amount shown on page 2 per day for follow-up treatment received by a covered person provided a benefit is paid for the accident under the Accident Physician Treatment benefit or X-Ray benefit. We pay for one follow-up treatment per day for up to a maximum of 2 treatments per covered accident per covered person. Treatments must be administered by a physician in a physician's office or in a hospital on an outpatient basis. Treatment must begin within 90 days after the accident and take place no longer than 6 months after the accident. This benefit is not payable for the same visit for which the Physical Therapy Benefit is paid.

### OUTPATIENT PHYSICIAN'S BENEFIT RIDER DESCRIPTION

We pay the amount shown on page 2 when a covered person is treated by a physician outside of a hospital for any cause.

This benefit is payable only once per day per covered person, and is limited to 2 days per covered person per calendar year not to exceed 4 days per calendar year if coverage includes eligible dependents.

#### Outpatient Physician's Benefit Rider Limitations and Exclusions

We will not pay any benefits for any loss that is caused by, contributed to by or results from:

1. A loss incurred prior to the covered person's effective date of coverage subject to the incontestability provision.
2. A loss that occurred as a result of an on the job accident.
3. Any act of war whether or not declared, participation in a riot, insurrection or rebellion.
4. Suicide, or any attempt at suicide, whether sane or insane.
5. Intentionally self-inflicted injury or action.
6. Any loss sustained or contracted in consequence of the covered person's being intoxicated or under the influence of any narcotic unless administered upon the advice of a physician.
7. Participation in any form of aeronautics except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports.



8. Engaging in an illegal occupation or committing or attempting to commit a felony.
9. Driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway.

Any loss incurred while a covered person is an active member of the Military; Naval; or Air Forces of any country or combination of countries is not covered.

### Specifications

You decide who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Family members eligible for coverage are the employee's spouse or domestic partner and eligible 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 the employee's death. Domestic partner coverage ends when the domestic partnership ends or the employee's death.

Coverage under the policy ends when: the policy is canceled; the employee stops paying their premium; last day of active employment, except as provided under the Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence provision; they are no longer eligible; or upon discovery of fraud or material misrepresentation when filing a claim.

### Limitations and Exclusions

We will not pay any benefits for any loss that is caused by, contributed to by or results from:

1. Injury incurred prior to the covered person's effective date of coverage subject to the incontestability provision.
2. Any injury that occurred as a result of an on the job accident.
3. Any act of war, whether or not declared, participation in a riot, insurrection or rebellion.
4. Suicide, or any attempt at suicide, whether sane or insane.
5. Intentionally self-inflicted injury or action.
6. Any injury sustained or contracted in consequence of the covered person's being intoxicated or under the influence of any narcotic unless administered upon the advice of a physician.
7. Any bacterial infection (except food poisoning and pyogenic infections which shall occur with and through an accidental cut or wound).
8. Participation in any form of aeronautics, except as a fare paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports.
9. Engaging in an illegal occupation or committing or attempting to commit a felony.
10. Driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway.
11. Hernia, including complications due to hernia.

Any injury incurred while a covered person is an active member of the Military, Naval or Air Forces of any country or combination of countries is not covered. Upon notice and proof of services in such forces, we will return the pro-rata portion of the premium paid for any period of such service.

### Continuation of Insurance

If a covered person's coverage terminates for reasons other than non-payment of premium, such covered person will be eligible for continuation coverage. This means the covered person may continue the same benefits as under the group policy, subject to the conditions defined in the policy, as long as premiums are paid directly to American Heritage Life Insurance Company.

This material is valid as long as information remains current. Group Voluntary Accident benefits provided by policy form GVAP2, or state variations thereof. Outpatient Physician's Benefit Rider, if included, provided by rider form GOPBR, or state variations thereof.



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 proposal 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 policy and/or 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.

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