

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

Benefit coverage for

County of Champaign

More than half of the 7 million sports and recreation-related injuries that occur each year are sustained by youth between ages 5 and 24.¹


¹Protect the Ones You Love, Sports Injuries, 2010, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

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 year 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
Medical Expenses (surgery)	\$ 500
Initial Hospital Confinement	\$1,000
Overnight Hospital Stay	\$ 200
Outpatient Doctor Visit	\$ 50
Off-the-Job Accident/Sickness Disability (1 mo.)	\$ 500

With Accident Coverage
Additional dollars to pay for copay, deductible and other out-of-pocket costs
Benefits paid: \$2,850

Without Accident Coverage
No additional dollars to pay for copay, 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
- Optional rider benefits have been added to the plan, and are designed to enhance your coverage
- 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.
***Pays 50% of the benefit amount for a covered spouse and 25% for each covered child.

†Benefit amounts are shown on pages 2a and/or 2b. See page 3 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%).²

² Injury Facts 2010 Edition, National Safety Council.

OPTIONAL RIDER BENEFITS

Off-the-Job Accident Disability Rider (R1AP) - Pays if you are totally disabled for 3 full days due to an off-the-job injury.*

Off-the-Job Accident and Sickness Disability Rider (R3AP) - Pays if you are totally disabled for 3 full days due to an off-the-job injury or for 7 full days due to a sickness.*

certificate/rider 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 or domestic partner and children; (b) Coverage for children ends when the child reaches age 26 (30 if an unmarried military veteran with an honorable discharge) 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 infections resulting from an accidental injury or infection which results from an accidental or involuntary or an unintentional ingestion of a contaminated substance); (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 (except for hernia caused by an accident); (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; (c) 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. (d) A pre-existing condition can exist even though a diagnosis has not yet been made.

Disability Rider Limitations and Exclusions -

Rider R1AP - Benefits are not paid for injury as a result of: (a) an on-the-job accident; (b) any act of war, participation in a riot, insurrection or rebellion; (c) participation in aeronautics unless a fare-paying passenger on a licensed common carrier aircraft; (d) intentionally self-inflicted injuries; (e) injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; (f) attempted suicide; (g) being under the influence of alcohol, narcotics, or any controlled substance unless administered on the advice of a physician; (h) alcohol abuse or alcoholism, drug addiction or dependence upon any controlled substance; (i) dental or plastic surgery for cosmetic purposes. (j) Benefits are not paid during any period of incarceration. (k) Disability benefits for a sprained, strained, or lame back or any disc condition, are limited to a maximum of 3 months.

Rider R3AP - Benefits are not paid for injury or sickness as a result of: (a) an on-the-job accident; (b) any act of war, participation in a riot, insurrection or rebellion; (c) participation in any form of aeronautics unless a fare-paying passenger in a licensed aircraft provided by a common carrier; (d) intentionally self-inflicted injuries; (e) injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; (f) attempted suicide; (g) being under the influence of alcohol, narcotics or any other controlled substance or drug unless administered upon the advice of a physician; (h) alcohol abuse or alcoholism, drug addiction or dependence upon any controlled substance; (i) mental illness without demonstrable organic disease; (j) dental or plastic surgery for cosmetic purposes. (k) Benefits are not paid during any period of incarceration.

* Payable up to 12 months. (See definition page 4).

Benefit coverage for County of Champaign

group voluntary accident

BASE ACCIDENT BENEFITS

		PLAN A	PLAN B	PLAN C
Accidental Death	Employee Spouse Child	\$40,000 \$20,000 \$10,000	\$40,000 \$20,000 \$10,000	\$40,000 \$20,000 \$10,000
Common Carrier Accidental Death	Employee Spouse Child	\$200,000 \$100,000 \$50,000	\$200,000 \$100,000 \$50,000	\$200,000 \$100,000 \$50,000
Dismemberment	Employee Spouse Child	up to \$40,000 ¹ up to \$20,000 ¹ up to \$10,000 ¹	up to \$40,000 ¹ up to \$20,000 ¹ up to \$10,000 ¹	up to \$40,000 ¹ up to \$20,000 ¹ up to \$10,000 ¹
Dislocation and Fracture	Employee Spouse Child	up to \$4,000 ¹ up to \$2,000 ¹ up to \$1,000 ¹	up to \$4,000 ¹ up to \$2,000 ¹ up to \$1,000 ¹	up to \$4,000 ¹ up to \$2,000 ¹ up to \$1,000 ¹
Initial Hospital Confinement		\$1,000	\$1,000	\$1,000
Hospital Confinement (per day)		\$200	\$200	\$200
Intensive Care (per day)		\$400	\$400	\$400
Ambulance	Regular Ambulance Air Ambulance	\$200 \$600	\$200 \$600	\$200 \$600
Medical Expenses		\$500	\$500	\$500
Outpatient Physician's Treatment (per visit)		\$50	\$50	\$50
OPTIONAL RIDER BENEFITS		PLAN A	PLAN B	PLAN C
Off-the-Job Accident Disability Rider (per month)		n/a	\$1,000	n/a
Off-the-Job Accident and Sickness Disability Rider (per month)		n/a	n/a	\$1,000

¹ 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%.

LOSS OF LIFE OR LIMB

	PLAN A	PLAN B	PLAN C
Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000	\$40,000	\$40,000
One eye, hand, arm, foot, or leg	\$20,000	\$20,000	\$20,000
One or more entire toes or fingers	\$4,000	\$4,000	\$4,000

COMPLETE DISLOCATION

	PLAN A	PLAN B	PLAN C
Hip joint	\$4,000	\$4,000	\$4,000
Knee or ankle joint*, bone or bones of the foot*	\$1,600	\$1,600	\$1,600
Wrist joint	\$1,400	\$1,400	\$1,400
Elbow joint	\$1,200	\$1,200	\$1,200
Shoulder joint	\$800	\$800	\$800
Bone or bones of the hand*, Collarbone	\$600	\$600	\$600
Two or more fingers or toes	\$280	\$280	\$280
One finger or toe	\$120	\$120	\$120

COMPLETE, SIMPLE OR CLOSED FRACTURE

	PLAN A	PLAN B	PLAN C
Hip, thigh (femur), pelvis**	\$4,000	\$4,000	\$4,000
Skull**	\$3,800	\$3,800	\$3,800
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200	\$2,200	\$2,200
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600	\$1,600	\$1,600
Foot**, hand or wrist**	\$1,400	\$1,400	\$1,400
Lower jaw**	\$800	\$800	\$800
Two or more ribs, fingers or toes, bones of face or nose	\$600	\$600	\$600
One rib, finger or toe, Coccyx	\$280	\$280	\$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
Semi-Monthly	PLAN A	\$7.76	\$14.44	\$15.93	\$19.64
	PLAN B	\$14.59	\$21.27	\$22.76	\$26.47
	PLAN C	\$39.79	\$46.47	\$47.96	\$51.67

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

Issue Ages: 18 and over if Actively at Work

This insert is for use in: IL

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This material is valid as long as information remains current, but in no event later than December 15, 2015.

Group Voluntary Accident benefits provided by policy form GVAP1, or state variations thereof. Off-the-Job Accident Disability Rider provided by rider R1AP, or state variations thereof. Off-the-Job Accident and Sickness Disability Rider provided by rider R3AP, or state variations thereof.

The policy is Limited Benefit Accident insurance with Additional Riders. This is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This brochure highlights some features of the policy but is not the insurance contract. For complete details, contact your Insurance Agent, or call [1-800-521-3535](tel:1-800-521-3535). 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.

This brochure is for use in the County of Champaign enrollment which is situated in IL.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.

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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.³

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

DISABILITY RIDER 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.

Termination Provision for Disability Riders - The riders end on: the end of the grace period; or the date the policy terminates; or the date the certificate terminates; or the next renewal date after your request to terminate the rider; or the next renewal date after your 70th birthday.