



Allstate BENEFITS

Protection for accidental
off-the-job injuries

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, subject to exclusions and limitations*
- 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 are 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.
Practical benefits for everyday living.®

DID YOU KNOW ?

The number of off-the-job injuries suffered by workers in one year includes:†

 Home
25.0
million

 Non-Auto
12.6
million

 Auto
4.3
million

 **Your**
CHOICE
Voluntary Benefits

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

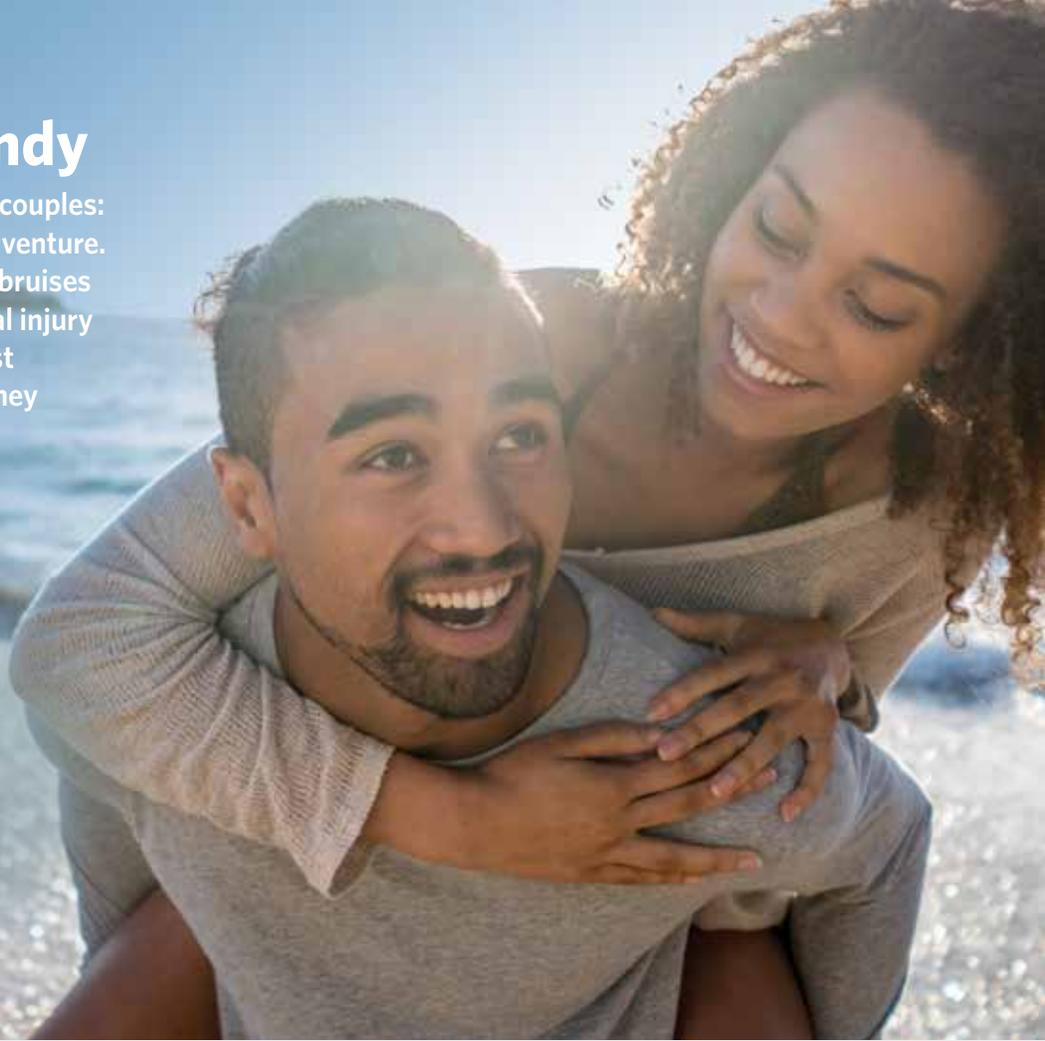
†National Safety Council, Injury Facts®, 2019 Edition

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:

Ground Ambulance

Medicine

Emergency Room Services

X-rays

Hospitalization Confinement

Daily Hospitalization Confinement

Accident Physician's Treatment

Tendon Surgery

General Anesthesia

Accident Follow-Up Treatment

Physical Therapy (3 days/week)

For a listing of benefits and benefit amounts, see pages 3, 4 and 5.

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 benefit 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.

Benefits (subject to maximums as listed on pages 4 and 5)

BASE POLICY BENEFITS

Accidental Death*

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

Dismemberment¹ - amount paid depends on type of dismemberment. See Injury Benefit Schedule on page 5

Dislocation or Fracture¹ - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule on page 5

Hospitalization Confinement - initial hospitalization after the effective date

Daily Hospitalization 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

Accident Physician's Treatment

X-ray

Emergency Room Services

BENEFIT ENHANCEMENTS

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 - diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage within 30 days after the accident. Must be diagnosed by CT Scan, MRI, EEG, PET scan or X-ray. Must first be treated by a physician within 3 days after the accident

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^{3,}**

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery^{3,*} - 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^{3,*} - 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 policy Surgery benefits 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 a benefit is paid for Accident Physician's Treatment or X-ray

Medicine - purchased prescription or over-the-counter medicines. Payable only if a benefit is paid for Accident Physician's Treatment or X-ray

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 - 1 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 Unit⁴ - must be hospital-confined due to an injury prior to being transferred to rehab. Not payable for the days on which the Daily Hospitalization Confinement benefit is paid

Non-Local Transportation² - 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 - 1 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

Post-Accident Transportation - after 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 Daily Hospitalization Confinement

Accident Follow-Up Treatment⁵ - must take place no longer than 6 months after the accident. Payable only if a benefit is paid for Accident Physician's Treatment or X-ray. Not payable for the same visit for which the Physical Therapy benefit is paid

ADDITIONAL RIDER BENEFIT

Outpatient Physician's Benefit Rider - treatment outside the hospital for any cause. Payable 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. Covers sickness

¹Multiple dismemberments, dislocations or fractures are limited to the amount shown on pages 4 and 5. ²Up to three times per covered person, per accident. ³Two or more surgeries done at the same time are considered one operation. ⁴Paid 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 Hospitalization Confinement benefit is paid. ⁵Two treatments per covered person, per accident. *Must begin or be received within 180 days of the accident. **Within 3 days after the accident.

Your Choice Voluntary Benefits

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted

BASE POLICY BENEFITS		PLAN
Accidental Death	Employee	\$20,000
	Spouse	\$10,000
	Children	\$5,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$100,000
	Spouse	\$50,000
	Children	\$25,000
Dismemberment ⁶	Employee	\$20,000
	Spouse	\$10,000
	Children	\$5,000
Dislocation or Fracture ⁶		\$2,000
Hospitalization Confinement (pays once/year)		\$500
Daily Hospitalization Confinement (pays daily)		\$100
Intensive Care (pays daily)		\$200
Ambulance	Ground	\$100
	Air	\$300
Accident Physician's Treatment		\$50
X-ray		\$100
Emergency Room Services		\$100
BENEFIT ENHANCEMENTS		PLAN
Lacerations (pays once/year)		\$50
Burns	< 15% body surface	\$100
	15% or more	\$500
Skin Graft (% of Burns Benefit)		50%
Brain Injury Diagnosis (pays once)		\$150
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/accident/year)		\$50
Paralysis (pays once)	Paraplegia	\$7,500
	Quadriplegia	\$15,000
Coma with Respiratory Assistance (pays once)		\$10,000
Open Abdominal or Thoracic Surgery		\$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$500
	Exploratory	\$150
Ruptured Disc Surgery		\$500
Eye Surgery		\$100
General Anesthesia		\$100
Blood and Plasma		\$300
Appliance		\$125
Medical Supplies		\$5
Medicine		\$5
Prosthesis	1 device	\$500
	2 or more devices	\$1,000
Physical Therapy (pays daily)		\$30
Rehabilitation Unit (pays daily)		\$100
Non-Local Transportation		\$400
Family Member Lodging (pays daily)		\$100
Post-Accident Transportation (pays once/year)		\$200
Accident Follow-Up Treatment (pays daily)		\$50
ADDITIONAL RIDER BENEFIT		PLAN
Outpatient Physician's Benefit Rider (pays daily)		\$100

⁶Up to amount shown; see Injury Benefit Schedule on page 5. Multiple losses from same injury pay only up to amount shown above.

PLAN PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$1.88	\$2.74	\$4.31	\$5.39

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 page 5

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

ⁱCovered spouse gets 50% of the amounts shown and children 25%.

ⁱⁱCovered spouse and children get 100% of the amounts shown.

LOSS OF LIFE OR LIMB ⁱ	PLAN
Life or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$20,000
One eye, hand, arm, foot, or leg	\$10,000
One or more entire toes or fingers	\$2,000
COMPLETE DISLOCATION ⁱⁱ	PLAN
Hip joint	\$2,000
Knee or ankle joint [^] , bone or bones of the foot [^]	\$800
Wrist joint	\$700
Elbow joint	\$600
Shoulder joint	\$400
Bone or bones of the hand [^] , collarbone	\$300
Two or more fingers or toes	\$140
One finger or toe	\$60
COMPLETE, SIMPLE OR CLOSED FRACTURE ⁱⁱ	PLAN
Hip, thigh (femur), pelvis ^{**}	\$2,000
Skull ^{**}	\$1,900
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$1,100
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$800
Foot ^{**} , hand or wrist ^{**}	\$700
Lower jaw ^{**}	\$400
Two or more ribs, fingers or toes, bones of face or nose	\$300
One rib, finger or toe, coccyx	\$140

[^]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).

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 may include you, your spouse or domestic partner, and your children. Coverage for children ends when the child reaches age 26 (30 if a military veteran who is an Illinois resident), 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 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 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 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: Benefits are not paid for: injury incurred before the effective date; injury as a result of an on-the-job accident; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; injury while under the influence of alcohol or any narcotic, unless taken upon the advice of a physician; any bacterial infection (except infections resulting from an accidental injury or infection which results from an accidental, involuntary, or unintentional ingestion of a contaminated substance); 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; all types of hernia, including complications (except for hernia caused by an accident); 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 Benefit Rider: Benefits are not paid for: a loss incurred before the effective date; a loss occurring from an on-the-job accident; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; any loss while under the influence of alcohol or any narcotic, unless taken upon the advice of a physician; 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; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

Caterpillar does not sponsor, endorse or administer this benefit. This benefit does not constitute an "employee benefit plan" under the Employee Retirement Income Security Act of 1974 (ERISA).

This brochure is for use in enrollments situated in IL.

Rev. 9/21. This material is valid as long as information remains current, but in no event later than September 1, 2024.

Group Accident benefits are provided under policy form GVAP2 or state variations thereof. Outpatient Physician's Benefit Rider provided under rider form GOPBR 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 or
allstatebenefits.com