

Group Accident 7 Benefits

Subject to maximums as listed on Benefits and Amounts pages.

Accident Facility Care Benefits

Initial Hospital Admission - first admission to a hospital.

Daily Hospital Confinement - maximum of 365 days over a two year period following the covered accident.

Intensive Care Unit Confinement - maximum of 180 days.

Rehabilitation Unit Confinement - must be hospital confined prior to being transferred to the rehabilitation unit. Maximum 30 days per continuous period of rehabilitation unit confinement, up to a maximum of 60 days per calendar year.

Accident Injuries Benefits

Brain Injury Diagnosis - diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage.

Broken Tooth - dental repair to sound natural teeth by crown, filling or extraction. One crown, filling or extraction per covered person, per accident. Not payable for injury caused by biting or chewing.

Burns - treatment received within 48 hours of an accident for a 2nd or 3rd degree burn resulting from exposure to heat, electricity, radiation, friction or chemicals. Sunburns are not covered. If both 2nd and 3rd degree burns are suffered in a single accident, the benefit amount for each degree of burn is paid.

Skin Graft - skin transplant to repair or treat burns on the body. A benefit must be paid under the Burns benefit.

Coma - unconsciousness lasting seven or more days; during which time, the Glasgow Coma Score is 4 or lower. Medically induced comas, coma resulting directly from drug or alcohol use, and diagnosis of brain death are excluded.

Laceration - treatment received within three days of an accident for a cut or tear of skin/flesh. If more than one laceration in a single accident is repaired, the total length of all repaired lacerations will determine the benefit amount paid.

Paralysis - complete/permanent loss of use of one or more limbs for 90 consecutive days.

Accident Treatment and Urgent Care Benefits

Accident Follow Up Treatment - treatment received by telemedicine consultation (doesn't include electronic mail message, fax or online questionnaire), at a doctor's office or as an outpatient in a hospital. Maximum of six days. Not paid if the Therapy benefit is paid for the same day of treatment. If treatment is eligible for payment under the Accident Follow Up Treatment and Therapy benefits, the treatment paying the highest benefit amount is paid.

Accident Physician Treatment - treatment by a doctor.

Ambulance - transportation by a licensed ground or air ambulance service. Payable once per accident.

Urgent Care - services received at an urgent care facility.

X-ray - must be ordered by a doctor.

Emergency Room Services - treatment in an emergency room.

Blood, Plasma or Platelets - transfusion of blood products to treat an injury.

Eye Injury - surgery or removal of a foreign object by a doctor. Eye exam with or without anesthesia is not surgery.

General Anesthesia - administered for surgery, provided one of the certificate surgery benefits is paid.

Ligament, Rotator Cuff, Tendon, or Knee Cartilage Surgery* - surgery or an exploratory arthroscopic surgical procedure to repair a torn, ruptured or severed tendon, ligament, rotator cuff or knee cartilage.

Miscellaneous Outpatient Surgery* - outpatient surgical procedures. Not paid if Eye Injury or any other surgery is paid.

Open Abdominal or Thoracic Surgery* - performed by a doctor for diagnosis or repair.

Ruptured or Herniated Disc Surgery* - surgical repair for a ruptured disc of the spine.

Major Diagnostic Exam - CAT or CT scan, EEG, MRI, PET, ultrasound. X-rays are not covered. If more than one exam is ordered, the exam paying the highest benefit amount is paid.

Pain Management - epidural injection nerve ablation procedure to manage pain in the body. General, regional or local anesthesia is not covered.

*Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid.

Treatment, Support and Recovery Benefits

Companion Non-Local Lodging - each day a companion stays at a non-local lodging to be with a covered person while confined in a non-local facility more than 50 miles from their home. Maximum of 30 days.

Medical Equipment - doctor-prescribed cane, crutches, supportive braces, walker, walking boot, wheelchair, scooter that aids in mobility.

Medical Supplies - purchase of medical supplies.

Medication - purchase of prescription or over-the-counter medication.

Non-Local Transportation - when a covered person travels more than 50 miles from their home to obtain treatment not available locally. Not paid when receiving services other than non-local treatment,

when someone accompanies or visits a covered person receiving non-local treatment, or when transported by air or ground ambulance.

Post-Accident Common Carrier Transportation - following a three-day hospital stay more than 250 miles from the covered person's home; requires a common carrier flight, train or bus to return home within 48 hours of discharge. Payable only if the Daily Hospital Confinement benefit is paid. Does not pay for someone to accompany the covered person.

Prosthetic Device - a new or replacement of an existing prosthetic arm, eye, foot, hand, or leg. Does not include hearing aids, dental aids, false teeth, eyeglasses, artificial joints or cosmetic prostheses (including hair wigs).

Residence or Automobile Modification - permanent structural modifications made to a primary residence (by a licensed contractor) or an automobile within 365 days after a covered accident to maintain an independent lifestyle.

Therapy - daily treatment for one or more of the following therapies: chiropractic; cognitive behavioral; occupational; physical; respiratory; speech or vocational. Not paid if the Accident Follow-Up Treatment benefit is paid; if the treatment received meets the requirements for Accident Follow-Up Treatment and Therapy, the benefit paying the highest amount is paid.

Optional/Additional Rider Benefits

Dislocation/Fracture - dislocations or fractures resulting from a covered accident and listed in the schedule of benefits are covered. Multiple dislocations or fractures from the same accident are limited to the amount shown in the Injury Benefit Schedule in this document.

Closed Reduction - non-surgical repair of a dislocation or fracture, including immobilization.

Open Reduction - surgical repair of a dislocation or fracture.

Avulsion Fracture - tendon or ligament pulls off a piece of bone.

Chip Fracture - small fragment of bone is broken off.

Partial Dislocation - joint is not completely separated.

Stress Fracture - tiny cracks in bone often caused by repetitive force.

Organized Sports Activity - pays for treatment of covered injuries received while participating in a regularly scheduled athletic event or team practice. An athletic event: includes formal registration; has a set of written rules; is officiated by a certified official; has a governing body overseeing it; is an amateur event; and is not for wage or profit. Treatment must be received within 180 days of a covered accident. Pays an additional percentage of the benefit amounts paid for: as listed in the Benefits and Amounts grid.

Fixed Health Screening Services - coverage for one eligible service performed each year for each covered person. Covered services include: Biopsy for cancer and skin cancer; Blood Chemistry Panel; Blood Tests for Triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), or PSA (prostate cancer); Chest X-ray; Clinical Testicular Exam; CBC (blood count); Colonoscopy; Doppler Screening (cancer, carotids or peripheral vascular disease); Echocardiogram; EKG (Electrocardiogram); EEG (Electroencephalogram); Endoscopy; Fasting Blood or Plasma Glucose test; Flexible Sigmoidoscopy; Hemoglobin A1C; Hemocult Stool Analysis;

HPV (Human Papillomavirus) vaccination; Lipid Panel (total cholesterol count); Mammography (including breast ultrasound); Oral Cancer Screening; Pap Smear, including ThinPrep Pap Test; Sampling of blood or tissue for genetic testing for cancer risk; Serum Protein Electrophoresis (test for myeloma); Skin Cancer Screening; Skin Exam; Stress Test (bike or treadmill); Testing for Donation of Bone Marrow (includes HLA - Human Leukocyte Antigen); Thermography; Two-Hour Post-Load Plasma Glucose Test; Ultrasound Screening of abdominal aorta for aortic aneurysms; Ultrasound for cancer detection.

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.

Dependent Eligibility/Termination

Coverage may include your employee's, their spouse and their children. Spouse and child coverage ends when the employee's coverage ends, when the employee requests to terminate dependent coverage, or upon the employee's death. Spouse coverage also ends upon divorce. Child coverage also ends when the child reaches age 26, unless the child is disabled and dependent on the employee for support.

When Coverage Ends

Coverage under the policy and riders ends on the earliest of the following: the date the group policy is terminated; the group policy grace period ends after non-payment of required premiums; the employee is no longer actively working for the group policyholder; the employee or the employee's class are no longer eligible; the employee submits a written request to terminate the certificate; the employee's death; a false claim is filed.

Portability

Your employee's may be eligible to continue coverage under the Portability Provision or the Continuation of Coverage for Layoff or Leave of Absence Provision when coverage under the policy ends, the employee is no longer in an eligible class, your employee's class is no longer eligible, or the employee is no longer actively working. Refer to the Certificate of Insurance for details.

Exclusions and Limitations

Exclusions and Limitations for Policy and the following riders: Dislocation /Fracture; Organized Sports Activity; Fixed Health Screening Services.

Benefits are not paid for: act of war or participation in a riot, insurrection, rebellion or terrorist act; suicide or attempt at suicide, while sane or insane; intentionally self-inflicted injury or action; any bacterial infections (except 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 course, racetrack or speedway; hernia, including complications; operating a vehicle with a blood alcohol level that equals or exceeds the legal limit in the jurisdiction where the accident occurred; voluntary ingestion, injection, inhalation, or absorption of any poison, gas or fumes; voluntarily taking drugs or sedatives, unless taken as prescribed by a physician; an error, mishap, or malpractice during a medical, diagnostic or surgical treatment or procedure; elective, cosmetic, plastic surgery, or drugs or supplies to alter, improve or enhance the shape or appearance of the body (including for psychological or emotional reasons); pregnancy; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

Benefits will not be paid for loss that occurs prior to the effective date of coverage or outside the United States or its territories, or Canada.

Disclosure

Group Accident benefits are provided under policy form GAI7, or state variations thereof. Accident Rider benefits are provided under the following rider forms, or state variations thereof: Dislocation / Fracture Rider GAIC7DF; Organized Sports Activity Rider GAIC7OS; Fixed Health Screening Services Rider GAIC7FHSR.

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.

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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