



## Accident Insurance

Protection for accidental injuries on- and off-the-job, 24 hours a day

### THINK ABOUT THIS



More than 85% of medically consulted injuries suffered by workers occurred off the job<sup>†</sup>



Every 10 minutes, 1,054 people suffer an injury severe enough to require a doctor or medical professional<sup>†</sup>

Coverage offered to the employees of:

**LANCASTER**  
NEBRASKA  
COUNTY

When an accidental injury requires medical attention, the costs can pile up quickly. Accident Insurance from Allstate Benefits can help pick up where other insurance leaves off, providing a cash benefit to help cover expenses.

#### Here's How It Works

- Select a benefit and premium amount that meets your needs
- Premiums will be deducted each pay period
- If you have an accident and receive medical attention, file a claim to receive cash benefits\*

#### Protecting Your Finances

You've worked hard for your savings – don't let an accident wipe them out

- Protect your checking and savings
- Don't dip into your HSA or 401(k)



Protecting insureds for over 60 years

#### Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations\*
- Coverage can include your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

<sup>†</sup>National Safety Council, Injury Facts®, 2022 Edition.\*Subject to exclusions and limitations, please refer to the Exclusions and Limitations section of this brochure.



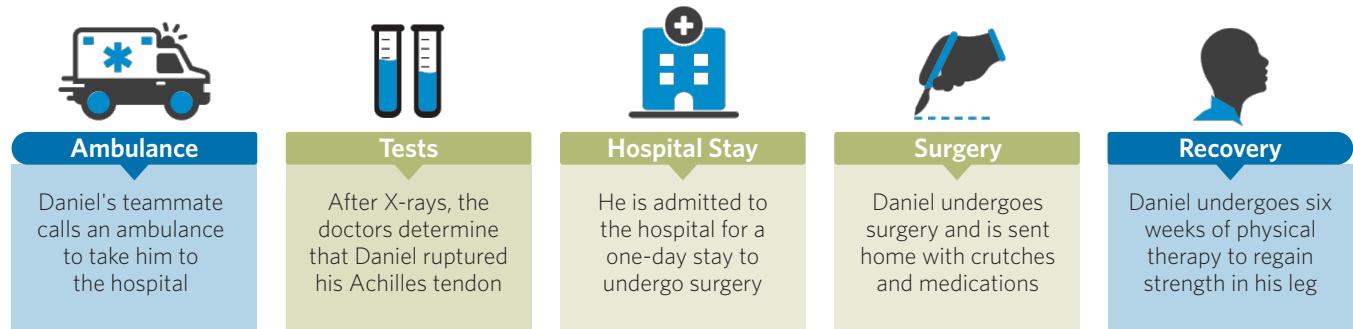
# Meet Daniel and Sandy

## CHOOSE

Daniel signs up for Allstate Benefits Accident Insurance during his employer's Open Enrollment.

## USE

A few months later, Daniel hurts his leg playing basketball. Here's his story:



## CLAIM

Daniel files a claim with his Allstate Benefits Accident coverage through the convenient web portal, **MyBenefits\***.

**He receives cash benefits for:**

- Ground Ambulance
- Medicine
- Medical Expenses (Emergency Room and X-rays)
- Initial Hospital Confinement
- Hospital Confinement
- Tendon Surgery
- General Anesthesia
- Outpatient Physician
- Physical Therapy (1 day/week)

### \*MyBenefits Claim Filing Portal

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more. [Access: mybenefits.allstate.com](http://mybenefits.allstate.com)

## Here are some of the ways Daniel can use his cash benefits



### 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 afford home repairs for after care



### Expenses

Can help pay for his family's living expenses, such as bills, electricity, and gas

The example above details a fictional situation; your individual experience may vary. For a listing of benefits and benefit amounts, see pages 3 and 4.

# Group Voluntary Accident (GVAP1)

On- and Off-the-Job Accident Insurance from  
American Heritage Life Insurance Company

## Benefit Amounts

Benefits are paid once per accident unless otherwise noted here

Base Policy Benefits		Plan 1	Plan 2
Accidental Death	Employee	\$40,000	\$40,000
	Spouse	\$20,000	\$20,000
	Children	\$10,000	\$10,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$200,000	\$200,000
	Spouse	\$100,000	\$100,000
	Children	\$50,000	\$50,000
Dismemberment <sup>1</sup>	Employee	\$40,000	\$40,000
	Spouse	\$20,000	\$20,000
	Children	\$10,000	\$10,000
Dislocation or Fracture <sup>1</sup>	Employee	\$4,000	\$4,000
	Spouse	\$2,000	\$2,000
	Children	\$1,000	\$1,000
Initial Hospitalization Confinement (pays once per lifetime)		\$1,000	\$1,000
Hospital Confinement (pays daily)		\$200	\$200
Intensive Care (pays daily)		\$400	\$400
Ambulance Services	Ground	\$200	\$200
	Air	\$600	\$600
Medical Expenses (pays up to amount shown)		\$500	\$500
Outpatient Physicians Treatment (pays per visit)		\$50.00	\$50.00
Benefit Enhancement Rider		Plan 1	Plan 2
Hospital Admission (pays once/year)		N/A	\$1,000
Lacerations (pays once/year)		N/A	\$100
Burns	< 15% body surface	N/A	\$200
	15% or more	N/A	\$1,000
Skin Graft (% of Burns Benefit)		N/A	50%
Brain Injury Diagnosis (pays once per lifetime)		N/A	\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/accident/year)		N/A	\$100
Paralysis (pays once per lifetime)	Paraplegia	N/A	\$15,000
	Quadriplegia	N/A	\$30,000
Coma with Respiratory Assistance (pays once per lifetime)		N/A	\$20,000
Open Abdominal or Thoracic Surgery		N/A	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	N/A	\$1,000
	Exploratory	N/A	\$300
Ruptured Disc Surgery		N/A	\$1,000
Eye Surgery		N/A	\$200
General Anesthesia		N/A	\$200
Blood and Plasma		N/A	\$600
Appliance		N/A	\$250
Medical Supplies		N/A	\$10
Medicine		N/A	\$10
Prostheses	1 device	N/A	\$1,000
	2 or more devices	N/A	\$2,000
Physical Therapy (pays daily)		N/A	\$60
Rehabilitation Unit (pays daily)		N/A	\$200
Non-Local Transportation (pays up to three times per accident)		N/A	\$800
Family Member Lodging (pays daily)		N/A	\$200
Post-Accident Transportation (pays once/year)		N/A	\$400
Accident Follow-Up Treatment (pays daily)		N/A	\$100

<sup>1</sup>Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

Offered to the employees of:

LANCASTER COUNTY

## Plan 1 Premiums

Mode	EE	EE + SP	EE + CH	F
Monthly	\$15.52	\$28.88	\$31.86	\$39.28

## Plan 2 Premiums

Mode	EE	EE + SP	EE + CH	F
Monthly	\$21.20	\$39.46	\$43.52	\$52.87

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 reverse

FOR HOME OFFICE USE ONLY - GVAP1

Opt 1 - 2.0U Base

Opt 2 - 2.0U Base; 2.0U BER

ABQ V09.19.2025 Rate Insert Creation Date: 10/22/2025

## Injury Benefit Schedule

Benefit amounts for coverage and one occurrence are shown below.

Covered spouse gets 50% of the amount shown and children 25%.

<b>Complete Dislocation</b>	<b>Plan 1</b>	<b>Plan 2</b>
Hip joint	\$4,000	\$4,000
Knee or ankle joint <sup>3</sup> , bone or bones of the foot <sup>3</sup>	\$1,600	\$1,600
Wrist joint	\$1,400	\$1,400
Elbow joint	\$1,200	\$1,200
Shoulder joint	\$800	\$800
Bone or bones of the hand <sup>3</sup> , collarbone	\$600	\$600
Two or more fingers or toes	\$280	\$280
One finger or toe	\$120	\$120
<b>Complete, Simple Or Closed Fracture</b>	<b>Plan 1</b>	<b>Plan 2</b>
Hip, thigh (femur), pelvis <sup>4</sup>	\$4,000	\$4,000
Skull <sup>4</sup>	\$3,800	\$3,800
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200	\$2,200
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600	\$1,600
Foot <sup>4</sup> , hand or wrist <sup>4</sup>	\$1,400	\$1,400
Lower jaw <sup>4</sup>	\$800	\$800
Two or more ribs, fingers or toes, bones of face or nose	\$600	\$600
One rib, finger or toe, coccyx	\$280	\$280
<b>Loss</b>	<b>Plan 1</b>	<b>Plan 2</b>
Life or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000	\$40,000
One eye, hand, arm, foot, or leg	\$20,000	\$20,000
One or more entire toes or fingers	\$4,000	\$4,000

<sup>3</sup>Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). <sup>4</sup>Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

For use in enrollments situated in: NE. This rate insert is part of the approved brochure for LANCASTER COUNTY and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than October 22, 2028. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Insurance products are offered by American Heritage Life Insurance Company, Jacksonville, Florida in all states except New York. This information highlights some features of the policy/certificate but is not the insurance contract. Only the actual policy/certificate provisions control.

**Benefits** - Benefit paid for the following conditions (subject to limits listed on pages 3)

## BASE POLICY BENEFITS

**Accidental Death** - must begin or be received within 180 days of the accident

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

**Dismemberment** - amount paid depends on type of dismemberment. See Injury Benefit Schedule on page 4. Must begin or be received within 180 days of the accident. Multiple dismemberments, dislocations or fractures are limited to the amount shown on pages 3 and 4.

**Dislocation or Fracture** - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule on page 4. Multiple dislocations or fractures are limited to the amount shown on page 4

**Initial Hospitalization Confinement** - initial hospitalization after the effective date

**Hospital 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

**Medical Expenses** - expenses incurred for medical or surgical treatment. Expenses are limited to physician fees, X-rays and emergency room services. Includes treatment for dental repair to sound natural teeth if repair is diagnosed by a dentist as necessary and as a result of injury

**Outpatient Physician's Treatment** - treatment outside the hospital for any cause. Payable up to 2 visits per covered person, per calendar year and a maximum of 4 visits per calendar year if dependents are covered

## BENEFIT ENHANCEMENT RIDER BENEFITS

**Hospital Admission** - first hospital confinement occurring during a calendar year, and 12 months after rider effective date. Payable when a benefit has been paid under the Hospital Confinement Benefit in the base policy

**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. 90-day limitation does not apply

**Brain Injury Diagnosis** - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage within three days of an accident. Must be diagnosed by CT Scan, MRI, EEG, PET scan or X-ray

**Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)**

**Paralysis** - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for at least 90 consecutive days

**Coma with Respiratory Assistance** - unconsciousness lasting 7 or more days; intubation required. Medically induced comas excluded

**Open Abdominal or Thoracic Surgery** - benefit paid even if no surgical repair is required. Two or more surgeries done at the same time are considered one operation

**Tendon, Ligament, Rotator Cuff or Knee**

**Cartilage Surgery** - surgery for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery. Two or more surgeries done at the same time are considered one operation

**Ruptured Disc Surgery** - diagnosis and surgical repair to a ruptured disc of the spine by a physician. Two or more surgeries done at the same time are considered one operation

**Eye Surgery** - surgery or removal of a foreign object by a physician. 90-day limitation does not apply

**General Anesthesia** - payable only if one of the rider 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. 90-day limitation does not apply

**Medical Supplies** - purchased over-the-counter medical supplies. Payable only if the policy Medical Expenses benefit is paid. Supplies must be purchased within 90 days of the date the Medical Expenses Benefit in the certificate is paid

**Medicine** - purchased prescription or over-the-counter medicines. Payable only if the policy Medical Expenses benefit is paid. Medicine must be purchased within 90 days of the date the Medical Expenses Benefit in the certificate is paid

**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** - one 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. 90-day limitation does not apply

**Rehabilitation Unit** - must be hospital-confined due to an injury immediately prior to being transferred to rehab. Not payable for the days on which the Hospital Confinement benefit is paid. 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

**Non-Local Transportation** - 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. Up to three times per covered person, per accident

**Family Member Lodging** - one 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. Payable up to 30 days per accident. Payable only if the Non-Local Transportation benefit is paid

**Post-Accident Transportation** - to return home on a common-carrier after a hospital stay of 3 days or more if the accident occurs more than 250 miles from home. Common-carrier includes public airlines, railroads, and bus lines. Travel must take place within 48 hours following discharge. Payable only if a benefit is paid for Hospital Confinement

**Accident Follow-Up Treatment** - payable only if the policy Medical Expenses benefit is paid. Not payable for the same visit for which the Physical Therapy benefit is paid. Two treatments per covered person, per accident

## 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, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce 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 Temporarily Not Working provision; the date you are no longer in an eligible class; or the date your class is no longer eligible.

**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 and Benefit Enhancement Rider** - Benefits are not paid for any loss that is caused by, contributed to by or results from: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; injury while under the influence of alcohol or any narcotic, unless taken upon the advice of a physician; any bacterial infection (except pyogenic infections from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; committing or attempting to commit a felony; driving in any race or speed test or testing any vehicle on any racetrack or speedway; hernia, including complications; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

This brochure is for use in enrollments situated in NE. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

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Group Accident benefits are provided under policy form GVAP1, or state variations thereof. Benefit Enhancement Rider benefits are provided under rider form GVAPBER, 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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