



Allstate BENEFITS

Accident Insurance
helps cover costs
associated with
injury treatments

Accident Insurance

Group Voluntary Accident coverage from Allstate Benefits provides cash benefits for out-of-pocket expenses associated with an accidental injury and can help you protect hard-earned savings should an off-the-job accidental injury occur.

Meeting Your Needs

Our coverage can help ease the burden of out-of-pocket costs associated with an unexpected accidental injury.

- Guaranteed Issue
- Benefits that correspond with treatment for off-the-job accidental injuries. Benefits for off-the-job accidental injuries include: hospitalization, immediate care treatment, fractures, dislocations, burns, surgical procedures, lacerations, physical therapy, rehabilitation, ambulance, plus more
- Affordable premiums
- Benefits paid directly to you, unless assigned
- Section 125 qualified, so you can pay your premiums with pre-tax dollars. There could be tax consequences, please consult with your tax advisor

Benefit coverage for
Walmart Associates
Effective 1/1/2018

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 medical expenses.



SPORTS



TRAVEL



VACATION

Walmart 
Save money. Live better.

Meet Matt

Matt is like any person who lives an active lifestyle and suffers an occasional accidental injury. He’s worried about the extent of his injuries, the time he will be away from work for recovery and if he will have to travel to obtain his treatment. Most importantly, he worries about how he will pay for it all.



Here’s how Matt’s story of injury and treatment turned into a happy ending, because he had supplemental Accident Insurance to help with expenses.



CHOOSE

Matt chooses Accident coverage to help cover the expenses associated with treatment.

He doesn’t plan to have an accident. But, it could happen at any moment throughout the day. 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 him with cash to cover his expenses. Our accident coverage helps offer Matt peace of mind when an accidental injury occurs.



USE

Two years after Matt elects Accident coverage, he is on vacation, is in a skiing accident, and is air lifted to the hospital. Matt incurred expenses for services in and out of the hospital. In addition to what his major medical insurance paid; our voluntary accident benefits paid for:

Air Ambulance Service	\$ 2,000
Immediate Care Treatment	\$ 120
Initial Hospital Confinement	\$ 1,000
Hospital Confinement (3-days)	\$ 600
Open Abdominal/Thoracic Surgery	\$ 1,400
Major Diagnostic Exam (paid yearly)	\$ 200
Lacerations (over 15 cm)	\$ 400
Follow-Up Treatment (3 visits)	\$ 150



CLAIM

With Accident Coverage
Additional dollars to help pay for co-pay, deductible and other out-of-pocket costs

Benefits paid: \$5,870

Without Accident Coverage
No additional dollars to help pay for co-pay, deductible or other out-of-pocket costs

Benefits paid: \$0

Your Benefit Coverage¹

Benefits are provided to you, your spouse/partner, and covered child(ren) for injuries caused by an accident; as diagnosed by a physician. Terms and conditions for each benefit will vary. Payment of benefits is subject to conditions described in the policy provisions.

How to Get Started

Read the benefits carefully. Most benefits offer coverage amounts that do not vary based on coverage for yourself, your spouse/partner, or your child(ren). Make sure to select coverage for you, you and your spouse/partner, you and your child(ren), or your entire family.

If you or a covered family member suffer a loss and are eligible to be paid under more than one benefit, multiple benefits can be paid, unless otherwise defined. Any loss not stated in the benefit descriptions is not covered. Policy provisions control and will be the determining factor in how benefits will be paid.

¹ Benefits correspond with treatment for covered off-the-job accidental injuries and intensive care treatment required for off-the-job accidents. Treatment must be obtained in the U.S. or its territories.

DID YOU KNOW ?

Accidents happen—
an unintentional-injury
death occurs every
4 minutes.³

³ *Injury Facts 2011 Edition*, National Safety Council.

* See page 4.

**See page 5.

⁴\$150 paid for broken teeth repaired with crowns, and \$50 for broken teeth resulting in extractions.

Immediate Care Treatment - A \$120 benefit will be paid for you or a covered family member who requires medical treatment as a result of a covered accident. This benefit pays if physician fees, x-rays, or emergency room services are incurred with each covered accident. Treatment must be received within 30 days of the covered accident. This benefit is payable only once for any and all treatment that occurs during any 24-hour period.

Follow-Up Treatment - A \$50 benefit will be paid daily (up to 6 treatments) if you or a covered family member requires a follow-up visit for treatment after receiving immediate care treatment for which a benefit is paid under Immediate Care Treatment (see above). The follow-up treatment is paid for each covered accident; must be administered by a physician in a physician's office or in a hospital on an outpatient basis; and must begin within 30 days of the covered accident or discharge from the hospital. This benefit is not payable for treatments for which the Physical Therapy benefit is paid*.

Initial Hospitalization - A \$1,000 benefit will be paid yearly if you or a covered family member requires treatment for an injury and is hospital confined for at least 24 hours. **A \$1,500 benefit will be paid** if you or a covered family member is admitted directly to a hospital intensive care unit. Confinement must start within 30 days of the covered accident. This benefit is only payable once for each continuous hospital or intensive care unit confinement each year, for you or each covered family member.

Hospital Confinement - A \$200 benefit will be paid daily if you or a covered family member is admitted for a continuous hospital confinement due to treatment for an injury. The benefit will be paid for each covered accident, up to 365 days, for hospital confinements lasting at least 18 hours. Confinement must start within 30 days of the covered accident. This benefit is paid in addition to the Initial Hospitalization benefit (see above). This benefit is not payable for days on which the Rehabilitation benefit* is paid.

Intensive Care Unit Confinement - A \$400 benefit will be paid daily (up to 15 days) if you or a covered family member is confined in a hospital intensive-care unit as a result of an injury. This benefit is paid in addition to the Initial Hospitalization benefit (see this page) and the Hospital Confinement benefit (see above). Confinement must start within 30 days of the covered accident.

Dislocation - A benefit amount will be paid** if you or a covered family member sustains a dislocation as a result of a covered accident. This benefit pays for only the first dislocation of a joint, for each covered accident. A maximum of 2 covered dislocations will be paid for you or each covered family member. If a physician treats a dislocation using local anesthesia or no anesthesia, we will pay 25% of the benefit amount.

Burns - A benefit amount will be paid** if you or a covered family member sustains a burn as a result of an accident and is treated by a physician within 72 hours after a covered accident. Injuries due to sunburn are not a covered benefit.

Skin Grafts - A benefit will be paid at 50% of the amount paid under the Burns benefit if you or a covered family member receives one or more skin grafts for a covered burn. This benefit is paid in addition to the Burns benefit**.

Eye Injury - A \$250 benefit will be paid for you or each covered family member who requires a physician to surgically repair an eye injury due to a covered accident. **A \$50 benefit will be paid** for you or each covered family member who require a physician to remove a foreign body when an eye injury is sustained as a result of a covered accident.

Lacerations - A benefit amount will be paid** for you or each covered family member who receives treatment for lacerations within 72 hours after a covered accident.

Fractures - A benefit amount will be paid** for you or each covered family member who sustains a fracture that is corrected by open or closed repair, as a result of a covered accident. 25% of the amount shown** is paid for chip or other fractures. No more than 2 fractures for each covered accident will be paid.

Emergency Dental Services - A benefit amount⁴ will be paid for you or each covered family member who receives dental services as a result of an injury. No more than one dental benefit will be paid for each covered accident.

Coma - A \$10,000 benefit will be paid for you or each covered family member who is in a coma for at least 7 days due to a covered accident.

Brain Concussion - A \$50 benefit will be paid for you or each covered family member who sustains a concussion as a result of a covered accident.

Surgical Procedures - A benefit amount will be paid** for you or each covered family member who requires a surgical procedure as a result of a covered accident. Two or more surgical procedures performed through the same incision or entry point are considered 1 operation; the procedure with the largest dollar amount will be paid. Surgery must be performed within 1 year of a covered accident. **Miscellaneous surgery** is surgery that requires general anesthesia and is not covered by any other specific surgery benefit listed. The miscellaneous surgery benefit is paid only once per 24-hour period even though more than 1 surgery or procedure may be performed.

Major Diagnostic Exams - A \$200 benefit will be paid yearly if you or a covered family member requires one of the following exams as a result of a covered injury: CT (computerized tomography) scan; MRI (magnetic resonance imaging); or EEG (electroencephalogram). The exam must be performed in a hospital, a physician's office, or an ambulatory surgical center.

Physical Therapy - A \$50 benefit will be paid daily (up to 10 days per covered accident) for you or each covered family member who receives physical therapy as a result of a covered injury. Therapy must be prescribed by a physician and begin within 30 days of the covered accident or discharge from the hospital and be received within the first 6 months after the covered accident or discharge from the hospital. This benefit is not payable for treatments which the Follow-Up Treatment benefit is paid*.

Rehabilitation - A \$100 benefit will be paid daily (up to 30 days for each continuous rehabilitation unit confinement, or 60 days per year) if you or a covered family member is confined to a rehabilitation unit as a result of a covered accident, provided that the covered person has been confined to a hospital immediately prior to being transferred to the rehabilitation unit. This benefit is not payable for days in which the Hospital Confinement benefit is paid*.

Appliances - A \$200 benefit will be paid if you or a covered family member sustains a covered injury and upon the advice of a physician requires the use of a medical appliance to aid in personal locomotion or mobility. Covered medical appliances are: crutches; wheelchair; leg brace; CAM boot walker; back brace; and walker. This benefit is paid only once for each covered accident.

Prosthesis - A \$1,000 benefit will be paid if you or a covered family member requires a prosthetic device as a result of a covered injury. This benefit is not payable for hearing aids, wigs, or any dental aids including false teeth. This benefit is paid only once for each covered accident.

Blood, Plasma and/or Platelets - A \$100 benefit will be paid or you or each covered family member who incurs a covered injury and requires blood, plasma, and/or platelets. This benefit is not payable for immunoglobulins. This benefit is paid only once for each covered accident.

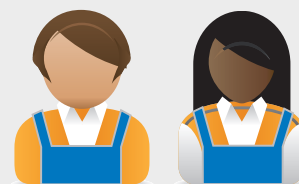
Ambulance - A \$250 ground ambulance or \$2,000 air ambulance benefit will be paid for you or each covered family member who requires ambulance transportation to a hospital or emergency center as a result of a covered injury. The ambulance transportation must occur within 72 hours of the covered accident. Service must be provided by a licensed professional ambulance company.

Transportation - A \$400 benefit will be paid each round trip (up to 3 round trips per year) for you or each covered family member who suffers a covered accident and requires round-trip transportation for physician-prescribed treatment at a non-local hospital. If the treatment is for a covered dependent child and travel by common carrier is necessary, we pay an additional \$400 per round trip for one of the dependent child's parents or legal guardians to travel with the child. Transportation by ground ambulance or air ambulance is not covered.

Family Lodging - A \$100 benefit will be paid each night for you or each covered family member who requires a family member to accompany them to a non-local hospital for hospital confinement due to a covered accident. This benefit is payable for one motel/hotel room, more than 100 miles from the residence, up to 30 days for each covered accident, and only during the days you or a covered family member is confined in the hospital.

Intensive Care Unit Benefit
Intensive Care Unit - A \$200 benefit will be paid daily (up to 15 days, per covered person, per each accident) when you or a covered family member is confined to an intensive care unit for at least 18 hours as a result of an injury from a covered off-the-job accident. Confinement must start within 30 days of the accident.

Step-down Intensive Care Unit Confinement - A \$200 (off-the-job accident) benefit will be paid daily for you or a covered family member who is confined to a step-down intensive care unit for at least 18 hours as a result of an injury sustained from a covered accident. This benefit is payable in addition to any Hospital Confinement benefit payable for a covered accident. This benefit is payable for up to 15 days for you or a covered family member for each covered accident.



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 or 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.

* See page 3.

**See page 5.

Benefit Chart

DISLOCATION (benefit description; page 3)	AMOUNT
Hip	\$3,000
Collarbone	\$1,200
Knee or Shoulder	\$750
Ankle or foot (toes excluded)	\$750
Lower Jaw	\$750
Wrist or elbow joint	\$600
Toe or finger	\$150

FRACTURES (benefit description; page 3)	AMOUNT
Hip	\$3,000
Skull	depressed \$2,250 simple \$750
Leg	\$1,500
Rib	\$1,500
Vertebrae (body of), pelvis (coccyx excluded), or sternum	\$1,500
Vertebral processes	\$1,500
Clavicle	\$1,200
Upper jaw, upper arm, or face (nose excluded)	\$900
Hand (fingers excluded)	\$750
Foot (toes/heel excluded)	\$750
Lower jaw (alveolar process excluded)	\$750
Nose, heel, or finger	\$750
Shoulder blade or forearm	\$750
Wrist, elbow, ankle, or kneecap	\$750
Coccyx	\$300
Toe	\$300

BURNS (benefit description; page 3)	AMOUNT	AMOUNT
Affected Area	2nd degree	3rd degree
Less than 20 square centimeters of the body surface	\$100	\$200
20 but less than 40 square centimeters of the body surface	\$200	\$500
40 but less than 65 square centimeters of the body surface	\$400	\$1,000
65 but less than 160 square centimeters of the body surface	\$600	\$3,000
160 but less than 225 square centimeters of the body surface	\$800	\$7,000
225 or more square centimeters of the body surface	\$1,000	\$10,000

SURGERY (benefit description; page 4)	AMOUNT
Open abdominal (including exploratory laparotomy), cranial, hernia, or thoracic surgery	\$1,400
Ruptured discs	\$700
Tendons and/or ligaments	\$700
Torn knee cartilages	\$700
Torn rotator cuffs	\$700
Arthroscopy without surgical repair	\$350
Miscellaneous surgery	\$350

LACERATIONS (benefit description; page 3)	AMOUNT
Laceration(s) not requiring sutures	\$25
Single laceration less than 5 centimeters	\$50
Laceration(s) at least 5 centimeters but not more than 15 centimeters (total of all lacerations)	\$200
Laceration(s) over 15 centimeters (total of all lacerations)	\$400

POLICY SPECIFICATIONS

PLEASE READ YOUR POLICY CAREFULLY. This section details the specifics of the policy and includes: eligibility, dependent coverage, coverage subject to the policy, termination of coverage, and limitations and exclusions.

The policy provides coverage only for accidents and other listed benefits. It does not cover any other sickness or condition, unless specifically stated.

Eligibility

Your employer determines the criteria for eligibility (such as length of service and hours worked each week).

Dependent Coverage

Eligible dependents are the individuals defined as “Eligible Dependents” under the policyholder’s Health and Welfare Plan. A child born to you or your spouse/partner, while Associate and Child(ren) Coverage or Family Coverage is in force, will be eligible for coverage.

Coverage Subject to the Policy

The coverage described in the certificates of insurance are subject in every way to the terms of the policy that are issued to the policyholder (your employer). They alone make up the agreement by which the insurance is provided. The policy may be amended or discontinued by agreement between Allstate Benefits and the policyholder in accordance with the terms of the policy. Your consent is not required for this. Allstate Benefits is not required to give you prior notice.

Termination of Coverage

Your coverage under the policy ends subject to the “Portability Coverage” provision of the certificate on the earliest of: the date the policy is canceled by the policyholder; or the last day of the period for which you made any required premium payments; or the last day you are in active employment, except as provided under the “Leave of Absence” provision; or the date you are no longer in an eligible class; or the date your class is no longer eligible. If your spouse/partner is a covered person, your spouse’s/partner’s coverage ends upon valid decree of divorce, end of partnership or your death, or when you move to an eligible class that does not provide spouse/partner coverage. Coverage for a dependent child ends on the certificate anniversary next following the date your child is no longer eligible for coverage under the terms of the policyholder’s Health and Welfare Plan. Coverage may be eligible for continuation as described in the Portability Provision.

Limitations and Exclusions

The policy does not cover any loss incurred by a covered person as a result of: an injury that occurred as the result of an on-the-job accident; or injury incurred prior to the covered person’s effective date of coverage subject to the Incontestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or any injury sustained while the covered person is under the influence of alcohol or any narcotic, unless administered upon the advice of a physician; or dental or plastic surgery for cosmetic purposes except when such surgery is required to treat an injury or correct a disorder of normal bodily function that was caused by an injury; or 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; or committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway.

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 service in such forces, we will return the pro-rata portion of the premium paid for any period of such service.

Register your account and get started today at www.AllstateBenefits.com/MyBenefits.

For more information about your Accident plan visit, www.AllstateAtWork.com/Walmart.



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allstate.com or allstatebenefits.com

Rev. 11/16. This material is valid as long as information remains current, but in no event later than November 15, 2019. Group Accident benefits provided by policy form GAPWM, which provides stated benefits for off-the-job accidental injuries. The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy.

The policy provides Limited Benefit Supplemental Accident Insurance. This is a brief overview of the coverage underwritten by American Heritage Life Insurance Company. For costs and complete details, exclusions, and limitations, contact the Allstate Benefits Walmart call center at 1-800-514-9525. Or, go to www.allstateatwork.com/walmart.

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.