



Allstate BENEFITS

Accident Insurance
helps cover costs
associated with
off-the-job
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

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

- There are no medical questions to answer to enroll in Accident Insurance. This coverage does not include on-the-job injuries, injuries that happened before coverage was issued, injuries resulting as an act of war or from participating in a riot and more*
- 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 you assign them to your medical provider
- Section 125 qualified, so you can pay your premiums with pre-tax dollars. There could be tax consequences, so please consult with your tax advisor.

*Please refer to the Exclusions and Limitations section of this brochure.
†National Safety Council, Injury Facts®, 2019 Edition



Benefit coverage for
Walmart Associates
Effective 1/1/2023

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

Meet James & Noah

James is like any parent whose child has suffered an accidental injury. He's worried about his son's injuries, and the time he will be away from work to take his son to his treatments. Most importantly, he worries about how he will pay for it all.

Here is what weighs heavily on his mind:

- Major medical only pays a portion of the expenses associated with Noah's treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to his treatments, I must cover my bills, rent/mortgage, groceries and my child's education
- If the right treatment is not available locally, we will have to travel to get the treatment Noah needs



Noah's story of injury and treatment turned into a happy ending, because James had supplemental Accident Insurance to help with expenses.



CHOOSE

James chooses benefits to help protect himself and his family members if they suffer an accidental injury.



USE

James' son, Noah, was playing soccer at a local park when he made a sudden twisting change in direction and fell to the ground while grabbing his knee.

Noah was:

- Taken by ambulance to the emergency room
- Given pre-op testing (CT/MRI scans)
- Admitted for a one-day hospital stay
- Prepped for torn ligament knee surgery
- Visited by his doctor and released after a one-day stay in the hospital
- Seen by the doctor during two follow-up visits
- Had 10 days of physical therapy

James filed claims online after each of Noah's treatments. The cash benefits were direct deposited into his bank account.

Noah is fully recovered and playing soccer again.



CLAIM

Noah's Accident claim paid James cash benefits for the following:

Ground Ambulance	\$400
Immediate Care Treatment	\$170
CT/MRI Scan	\$400
Initial Hospitalization	\$1,500
Hospital Confinement	\$300
Surgery	\$700
Follow up Treatment	\$100
Physical Therapy	\$500
Total Benefits Paid	\$4,070

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.

Immediate Care Treatment - A \$170 benefit will be paid if you or a covered family member require 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 require 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 (See page 4).

Initial Hospitalization - A \$1,500 benefit will be paid yearly if you or a covered family member require treatment for an injury and are hospital-confined for at least 24 hours. A \$2,250 benefit will be paid if you or a covered family member are 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 \$300 benefit will be paid daily if you or a covered family member are 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 (See page 4).

Intensive Care Unit Confinement - A \$900 benefit will be paid daily (up to 15 days) if you or a covered family member are confined in a hospital intensive care unit as a result of an injury. This benefit is paid in addition to the Initial Hospitalization benefit 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 sustain 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 (See page 5).

Burns - A benefit amount will be paid if you or a covered family member sustain a burn as a result of an accident and are treated by a physician within 72 hours after a covered accident. Injuries due to sunburn are not a covered benefit (See page 5).

Skin Grafts - A benefit will be paid at 50% of the amount paid under the Burns benefit if you or a covered family member receive one or more skin grafts for a covered burn. This benefit is paid in addition to the Burns benefit (See page 5).

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 requires 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 (See page 5).

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 chips or other fractures (See page 5). No more than 2 fractures for each covered accident will be paid.

Emergency Dental Services - A benefit amount² 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.

¹Benefits 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. ²\$150 paid for broken teeth repaired with crowns, and \$50 for broken teeth resulting in extractions. ³National Safety Council, Injury Facts®, 2019 Edition

Surgical Procedures - A benefit amount will be paid (See page 5) 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 one operation; the procedure with the largest dollar amount will be paid. Surgery must be performed within one 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 one surgery or procedure may be performed.

Major Diagnostic Exams - A \$400 benefit will be paid yearly if you or a covered family member require 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 for which the Follow-Up Treatment benefit is paid (see page 3).

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 are 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 for which the Hospital Confinement benefit is paid (See page 3).

Appliances - A \$200 benefit will be paid if you or a covered family member sustain a covered injury and, upon the advice of a physician, require 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 require 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 for 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 \$400 ground ambulance or \$4,000 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 are confined in the hospital.

Intensive Care Unit - A \$900 benefit will be paid daily (up to 15 days, per covered person, per each accident) when you or a covered family member are confined to an intensive care unit 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.

Post-Traumatic Stress Disorder - A \$100 benefit will be paid each day a covered person receives counseling for post-traumatic stress disorder (PTSD). This benefit is payable only once per day per covered person, and is limited to six (6) days per year. PTSD is a mental health condition that is triggered by a covered person experiencing or witnessing a terrifying event involving death or serious injury, or threat of death or serious injury. Symptoms may include flashbacks, nightmares, severe anxiety, or uncontrollable thoughts about the event.

The PTSD benefit is payable when a covered person is diagnosed by a qualified physician and is receiving group or individual therapy, or both. Diagnosis of PTSD is based on the following criteria: the covered person must have experienced a covered accident that involved death or serious injury, or the threat of death or serious injury; the covered person's response to the covered accident involves intense fear, horror, or a sense of helplessness; the covered person relives the experience of the covered accident; the covered person tries to avoid situations or things that remind them of the covered accident; symptoms last longer than one month; and symptoms cause significant distress in the covered person's life or interferes with their ability to perform their normal daily tasks.

BENEFIT CHART

DISLOCATION (benefit description on page 3)		AMOUNT
Hip		\$3,750
Collarbone		\$1,500
Knee or Shoulder		\$938
Ankle or foot (toes excluded)		\$938
Lower Jaw		\$938
Wrist or elbow joint		\$750
Toe or finger		\$188
FRACTURES (benefit description on page 3)		AMOUNT
Hip		\$3,750
Skull	depressed simple	\$2,813 \$938
Leg		\$1,875
Rib		\$1,875
Vertebrae (body of), pelvis (coccyx excluded), or sternum		\$1,875
Vertebral processes		\$1,875
Upper jaw, upper arm, or face (nose excluded)		\$1,125
Hand (fingers excluded)		\$938
Foot (toes/heel excluded)		\$938
Lower jaw (alveolar process excluded)		\$938
Nose, heel, or finger		\$938
Shoulder blade or forearm		\$938
Wrist, elbow, ankle, or kneecap		\$938
Coccyx		\$375
Toe		\$375
BURNS (benefit description on page 3)		AMOUNT
Affected Area	2nd degree	3rd degree
Less than 20 square centimeters of the body surface	\$100	\$200
Between 20 and 39 square centimeters of the body surface	\$200	\$500
Between 40 and 64 square centimeters of the body surface	\$400	\$1,000
Between 65 and 159 square centimeters of the body surface	\$600	\$3,000
Between 160 and 224 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 on 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 on 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 or domestic partner, while Associate and Child(ren) Coverage or Family Coverage is in force, will be eligible for coverage. This coverage begins at the moment of birth of such child and benefits will be the same as provided for other dependent children covered under this certificate.

If you have Associate-Only Coverage or Associate and Spouse Coverage, newborn children are automatically covered from the moment of birth for a period of 60 days. If you wish to continue coverage for a newborn child beyond the 60-day period, you must notify your employer within 60 days of that child's birth. Upon notification to us, we will convert your Associate-Only Coverage to Associate and Child(ren) Coverage or the Associate and Spouse Coverage to Family Coverage and provide notification of the additional premium due. If you do not notify your employer within 60 days of the birth of the child, the newborn temporary coverage ends.

Coverage Subject to the Policy

The coverage described in the certificates of insurance is 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/domestic partner is a covered person, your spouse's/domestic 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/domestic partner coverage. Coverage for a dependent child ends on the next certificate anniversary 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.

Exclusions and Limitations

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, or 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 committing or attempting to commit an assault or felony.

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 mybenefits.allstate.com

For more information about your Critical Illness plan, visit www.allstatevoluntary.com/walmart/

This brochure is for use in enrollments situated in AR.

Rev. 10/22. This material is valid as long as information remains current, but in no event later than July 1, 2025. 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 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, 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.



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