

# Accident Insurance

The Accident Insurance Plan pays a benefit that can be used to help cover unexpected out-of-pocket expenses associated with an accidental off-the-job injury. The Accident Insurance Plan is underwritten by American Heritage Life Insurance Company, a subsidiary of the Allstate Corporation. Allstate Benefits is the marketing name for American Heritage Life Insurance Company. Regular part-time and full-time employees are eligible to enroll in the Accident insurance plan.

## Benefits

Provision	Group Accident Offering
<b>Wellness Benefit</b>	<p>A benefit of \$75 per calendar year, per covered person, is paid when an eligible service is performed, after the member's coverage has been in force for 30 days. The service must be performed under the supervision of or recommended by a physician, while coverage is in force, and a charge must be incurred. This benefit is paid regardless of the result of the tests listed below. Eligible tests are as follows:</p> <ul style="list-style-type: none"> <li>• One routine immunization per year for diphtheria, tetanus, pertussis, polio, rubella, mumps, measles, HIB, hepatitis B, chicken pox, meningococcal disease</li> <li>• One routine immunization per year during the first 24 months of life to prevent invasive pneumococcal disease</li> <li>• One routine immunization per year during the 6th through the 23rd months of life to prevent influenza</li> <li>• One inpatient visit for routine newborn care</li> <li>• One routine cervical cancer screening a year for females</li> <li>• One baseline mammogram for females ages 35 to 39</li> <li>• One mammogram per year for females ages 40 and over</li> <li>• One prostate specific antigen test per year for males ages 35 and over</li> <li>• One cholesterol test every five years</li> <li>• One routine sigmoidoscopy every three years for age 50 and over</li> <li>• One routine hemoccult stool check each year for ages 50 and over</li> <li>• One double-contrast barium enema every five years for age 50 and over</li> <li>• One colonoscopy every 10 years for age 50 and over</li> <li>• One routine lab test to include a complete blood count, urinalysis, and TB skin test when performed with a routine office visit</li> <li>• One office visit for the first two years of a baby's life; annual exams for ages two through six</li> <li>• One routine office visit every 12 months</li> <li>• One routine Gynecological Care Exam each calendar year for female members</li> </ul> <p>Participants must provide documentation such as Explanation Of Benefits (EOB) or receipt for services as proof the test occurred. Submissions greater than 12 month after the date of service will not be accepted.</p>

<b>Provision</b>	<b>Group Accident Offering</b>
<b>Emergency Follow-up Treatment</b>	<p>\$25 for additional treatment after an accident</p> <p>Treatment after 72 hours of the accident by a physician in a physician's office or in a hospital on an outpatient basis</p> <p>Treatment within 30 days of the accident</p> <p>Maximum of 6 treatments, limit 1 per day, per covered person, per covered accident</p> <p>Not payable for treatments for which the Physical Therapy benefit is paid</p>
<b>Hospitalization-Initial Admittance</b>	<p>\$1,000 the first time a covered person is admitted for treatment as a result of an injury</p> <p>Confined within 30 days of the accident</p> <p>Hospitalized for at least 24 hours</p> <p>Payable only once per plan year, per covered person</p>
<b>Hospitalization Confinement</b>	<p>\$200 per day for a continuous hospital confinement for treatment as a result of an injury</p> <p>Confined for at least 18 hours</p> <p>Confined within 30 days of the accident</p> <p>Maximum of 365 days</p> <p>Not payable for days on which the Rehabilitation benefit is paid. Is paid in addition to the Initial Hospitalization benefit.</p>
<b>Intensive Care Confinement</b>	<p><b>ICU Benefit</b></p> <p>\$400 per day that a covered person is confined in a hospital intensive care unit as a result of an injury</p> <p>Confined for at least 18 hours</p> <p>Confined within 30 days of the accident</p> <p>Payable in addition to any Hospital Confinement benefit payable for a covered accident</p>

Provision	Group Accident Offering																				
	Maximum 15 days per covered person, per covered accident																				
<b>Dislocation</b>	<p>Benefit paid when a covered person sustains a dislocation as a result of a covered accident.</p> <p>Maximum of 2 dislocations per person per incident. If more than 2 dislocations occur during a covered accident, the 2 dislocations with the largest dollar amount benefits will be paid.</p> <p>Dislocation benefits same for Open/Closed Reduction. Payable only for the first dislocation of a joint. Covered dislocations reduced with local anesthesia or no anesthesia by a physician will be paid at 25% of the benefit amount shown below.</p> <table border="1" data-bbox="521 762 977 1272"> <thead> <tr> <th data-bbox="521 762 865 821">Condition</th> <th data-bbox="865 762 977 821">Benefit</th> </tr> </thead> <tbody> <tr> <td data-bbox="521 821 865 884">Hip</td> <td data-bbox="865 821 977 884">\$2,000</td> </tr> <tr> <td data-bbox="521 884 865 940">Knee or shoulder</td> <td data-bbox="865 884 977 940">\$500</td> </tr> <tr> <td data-bbox="521 940 865 997">Collar bone</td> <td data-bbox="865 940 977 997">\$800</td> </tr> <tr> <td data-bbox="521 997 865 1094">Ankle or foot (excluding toes)</td> <td data-bbox="865 997 977 1094">\$500</td> </tr> <tr> <td data-bbox="521 1094 865 1150">Lower jaw</td> <td data-bbox="865 1094 977 1150">\$500</td> </tr> <tr> <td data-bbox="521 1150 865 1207">Wrist or elbow</td> <td data-bbox="865 1150 977 1207">\$400</td> </tr> <tr> <td data-bbox="521 1207 865 1272">Toe or finger</td> <td data-bbox="865 1207 977 1272">\$100</td> </tr> </tbody> </table>	Condition	Benefit	Hip	\$2,000	Knee or shoulder	\$500	Collar bone	\$800	Ankle or foot (excluding toes)	\$500	Lower jaw	\$500	Wrist or elbow	\$400	Toe or finger	\$100				
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<b>Burns</b>	<p>Benefit paid when a covered person sustains a burn as a result of a covered accident. Must be treated by a physician within 72 hours after the accident. Injuries due to sunburn are not a covered benefit.</p> <table border="1" data-bbox="521 1444 1357 1864"> <thead> <tr> <th data-bbox="521 1444 857 1566" rowspan="2">Affected Area</th> <th colspan="2" data-bbox="857 1444 1357 1503">Benefit:</th> </tr> <tr> <th data-bbox="857 1503 1086 1566">2<sup>nd</sup> Degree</th> <th data-bbox="1086 1503 1357 1566">3<sup>rd</sup> Degree</th> </tr> </thead> <tbody> <tr> <td data-bbox="521 1566 857 1623">Less than 20 cm<sup>2</sup></td> <td data-bbox="857 1566 1086 1623">\$100</td> <td data-bbox="1086 1566 1357 1623">\$200</td> </tr> <tr> <td data-bbox="521 1623 857 1680">20 but less than 40 cm<sup>2</sup></td> <td data-bbox="857 1623 1086 1680">\$200</td> <td data-bbox="1086 1623 1357 1680">\$500</td> </tr> <tr> <td data-bbox="521 1680 857 1736">40 but less than 64 cm<sup>2</sup></td> <td data-bbox="857 1680 1086 1736">\$400</td> <td data-bbox="1086 1680 1357 1736">\$1,000</td> </tr> <tr> <td data-bbox="521 1736 857 1793">65 but less than 160 cm<sup>2</sup></td> <td data-bbox="857 1736 1086 1793">\$600</td> <td data-bbox="1086 1736 1357 1793">\$3,000</td> </tr> <tr> <td data-bbox="521 1793 857 1864">160 but less than 225 cm<sup>2</sup></td> <td data-bbox="857 1793 1086 1864">\$800</td> <td data-bbox="1086 1793 1357 1864">\$7,000</td> </tr> </tbody> </table>	Affected Area	Benefit:		2 <sup>nd</sup> Degree	3 <sup>rd</sup> Degree	Less than 20 cm <sup>2</sup>	\$100	\$200	20 but less than 40 cm <sup>2</sup>	\$200	\$500	40 but less than 64 cm <sup>2</sup>	\$400	\$1,000	65 but less than 160 cm <sup>2</sup>	\$600	\$3,000	160 but less than 225 cm <sup>2</sup>	\$800	\$7,000
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Provision	Group Accident Offering												
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<b>Skin Grafts</b>	<p>50% of the benefit amount paid under the Burns benefit</p> <p>Must receive 1 or more skin grafts for a covered burn</p> <p>Paid in addition to the Burns benefit</p>												
<b>Eye injury</b>	<p>\$250 Surgical Repair</p> <p>\$50 Removal of foreign body by a Physician</p>												
<b>Lacerations</b>	<p>Benefit paid when a covered person received treatment for lacerations within 72 hours of a covered accident</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Condition</th> <th style="width: 40%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Laceration(s) not requiring sutures and treated by a Physician</td> <td style="text-align: center;">\$25</td> </tr> <tr> <td>Single laceration less than 5 centimeters</td> <td style="text-align: center;">\$50</td> </tr> <tr> <td>Lacerations at least 5 centimeters but not more than 15 centimeters (total of all lacerations)</td> <td style="text-align: center;">\$200</td> </tr> <tr> <td>Lacerations over 15 centimeters (total of all lacerations)</td> <td style="text-align: center;">\$400</td> </tr> </tbody> </table>			Condition	Amount	Laceration(s) not requiring sutures and treated by a Physician	\$25	Single laceration less than 5 centimeters	\$50	Lacerations at least 5 centimeters but not more than 15 centimeters (total of all lacerations)	\$200	Lacerations over 15 centimeters (total of all lacerations)	\$400
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<b>Fractures</b>	<p>Benefit paid when a covered person sustains a fracture as a result of a covered accident. Maximum of 2 fractures per covered person, per accident. If more than 2 fractures occur during a covered accident, benefits will be paid for the 2 fractures with the largest dollar amount benefit.</p> <p>100% of the benefit is payable regardless of the type of fracture or how/if it is reduced. 25% of benefit is payable for chip fractures or other fractures not corrected by open or closed repair.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Fracture</th> <th style="width: 50%;">Benefit</th> </tr> </thead> <tbody> <tr> <td>Hip</td> <td style="text-align: center;">\$2,000</td> </tr> </tbody> </table>			Fracture	Benefit	Hip	\$2,000						
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Provision	Group Accident Offering	
	Leg	\$1,000
	Ankle	\$500
	Kneecap	\$500
	Foot (excluding toes/heel)	\$500
	Upper Arm, Elbow	\$600/\$500
	Forearm, Hand, or Wrist	\$500
	Finger or Toe	\$500
	Vertebral Body (Thoracic)	\$1,000
	Vertebral Process	\$1,000
	Pelvis (excluding coccyx)	\$1,000
	Coccyx	\$200
	Bones of the Face (excluding nose)	\$600
	Nose	\$500
	Upper Jaw	\$600
	Lower Jaw	\$500
	Rib or Ribs	\$500
	Skull, Simple (except bones of the face)	\$500
	Skull, Depressed (except bones of the face)	\$1,500
	Sternum	\$1,000
	Shoulder Blade	\$500
	Heel	\$500
<b>Emergency Dental Work</b>	<p>Payable once per covered person per accident when dental services are received as a result of an injury</p> <p>Broken Teeth repaired with crowns: \$150 benefit</p> <p>Broken teeth resulting in extractions: \$50 benefit</p>	

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<b>Coma</b>	<p>\$10,000 benefit paid if a covered person is in a coma as a result of a covered accident</p> <p>Coma must last at least 7 consecutive days</p>										
<b>Paralysis</b>	<p>Quadriplegia: \$10,000 benefit paid if a covered person suffers from a spinal cord injury received in a covered accident which results in a complete and total loss of use of 4 limbs</p> <p>Paraplegia: \$5,000 benefit paid if a covered person suffers from a spinal cord injury received in a covered accident which results in a complete and total loss of use of 2 or more limbs</p> <p>Benefit payable for spinal cord injuries that are received in a covered accident</p> <p>Complete and total loss of use of 2 or more limbs for a period of at least 30 days</p> <p>Must be confirmed by a physician</p> <p>Payable once per covered person</p>										
<b>Surgical Procedures</b>	<p>Benefit paid for the amount shown below when a covered person requires a surgical procedure as a result of a covered accident. Treatment within 1 year of a covered accident</p> <p>2 or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the procedure with the highest dollar amount benefit</p> <p>Only 1 misc. surgery benefit is payable per 24-hour period even though more than one procedure may be performed</p> <table border="1" data-bbox="521 1543 1349 1877"> <thead> <tr> <th data-bbox="521 1543 1112 1606">Repair of:</th> <th data-bbox="1112 1543 1349 1606">Benefit:</th> </tr> </thead> <tbody> <tr> <td data-bbox="521 1606 1112 1665">Tendons and/or ligaments</td> <td data-bbox="1112 1606 1349 1665">\$500</td> </tr> <tr> <td data-bbox="521 1665 1112 1724">Torn Rotator Cuffs</td> <td data-bbox="1112 1665 1349 1724">\$500</td> </tr> <tr> <td data-bbox="521 1724 1112 1782">Ruptured Discs</td> <td data-bbox="1112 1724 1349 1782">\$500</td> </tr> <tr> <td data-bbox="521 1782 1112 1877">Torn Knee Cartilage- Exploratory, Cartilage Shaved or No Repair</td> <td data-bbox="1112 1782 1349 1877">\$500</td> </tr> </tbody> </table>	Repair of:	Benefit:	Tendons and/or ligaments	\$500	Torn Rotator Cuffs	\$500	Ruptured Discs	\$500	Torn Knee Cartilage- Exploratory, Cartilage Shaved or No Repair	\$500
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Provision	Group Accident Offering	
	Torn Knee Cartilage- Surgical Repair	\$500
	Open Abdominal- Exploratory Only, No Repair	\$1,000
	Open Abdominal- Surgical Repair	\$1,000
	Cranial	\$1,000
	Hernia	\$1,000
	Misc. surgery	\$250
<b>Major Diagnostic Exams</b>	<p>\$150 benefit if a covered person requires one of the following exams as a result of a covered injury: CT, MRI or EEG</p> <p>No lifetime maximum</p> <p>1 benefit per plan year, per covered person</p>	
<b>Physical Therapy</b>	<p>\$25 per day that a covered person receives physical therapy as a result of a covered injury</p> <p>Maximum of 10 treatments, per covered person, per accident</p> <p>Therapy must begin within 30 days of accident or discharge from the hospital and treatment is received within 6 months after the accident or discharge from the hospital</p> <p>Not payable for the same visit that the Emergency Follow-up Treatment Benefit is paid</p>	
<b>Rehabilitation Benefit</b>	<p>\$100 daily benefit</p> <p>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</p> <p>Paid for each day a room charge is incurred</p> <p>Maximum 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year</p> <p>Not payable for days in which the Hospital Confinement benefit is paid</p>	

Provision	Group Accident Offering
<b>Medical Equipment Benefit</b>	<p>\$100 for the use of a medical appliance such as: crutches, wheelchairs, leg braces, back braces, and walkers as a result of a covered injury and upon the advice of a physician</p> <p>Payable only once per covered person, per covered accident</p>
<b>Prosthesis Benefit</b>	<p>\$500 for a covered person who requires a prosthesis as a result of a covered injury</p> <p>Not payable for hearing aids, wigs, dental aids or false teeth</p> <p>Payable only once per covered person, per covered accident</p>
<b>Blood/Plasma and/or Platelets Benefit</b>	<p>\$100 payable if a covered person requires blood, plasma, and/or platelets as a result of a covered injury</p> <p>Not payable for immunoglobulins</p> <p>Payable only once per covered accident, per covered person</p>
<b>Ambulance Benefit</b>	<p>\$150 payable for ground ambulance transportation if a covered person requires transportation to a hospital or emergency center as a result of a covered injury</p> <p>\$1,000 payable for air ambulance transportation if a covered person requires transportation to a hospital or emergency center as a result of a covered injury</p> <p>Expense incurred within 72 hours of accident</p>

Provision	Group Accident Offering
<b>Transportation Benefit</b>	<p>\$400 payable per round trip to a non-local hospital when a covered person requires treatment as a result of a covered accident</p> <p>Hospital must be more than 100 miles from the covered person's residence or site of the accident</p> <p>Payable for only the covered person for whom the treatment is prescribed</p> <p>If the treatment is for a dependent child and commercial travel is necessary, one of the dependent child's parents or legal guardians who travels with the child will also receive this benefit</p> <p>A physician must prescribe the treatment, and the treatment must not be available locally</p> <p>Payable for up to three round trips per calendar year, per covered person</p> <p>Not payable for transportation by ambulance or air ambulance to the hospital</p>
<b>Lodging Benefit</b>	<p>\$100 per night for one motel/hotel room for a member of the immediate family to accompany the covered person who requires non-local hospital confinement as a result of a covered accident.</p> <p>Hospital and motel/hotel must be more than 100 miles from the covered person's residence</p> <p>Payable up to 30 days per covered accident and only during the time the covered person is confined in the hospital</p>
<b>Accidental Death &amp; Dismemberment Covered Loss</b>	THIS BENEFIT WILL NOT BE OFFERED UNDER THE PLAN
<b>Intensive Care Unit Optional Rider</b>	THIS BENEFIT WILL NOT BE OFFERED UNDER THE PLAN

**Portability, Disability, and Leave Provisions**

<b>Portability</b>	Fully portable with no change to premiums as long as master application remains in force
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<b>Leave Provisions</b>	Coverage continued with employee premium payment
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## Termination of Coverage

<p><b>Termination of Coverage*</b></p> <p>*See Plan Overview, When Coverage Ends section for further information.</p>	<p>The insured employee's coverage ends at the earliest of:</p> <ol style="list-style-type: none"> <li>1. The date the Group Policy terminates or is amended to terminate the type of Insurance being continued, or</li> <li>2. At the end of the last period for which premium contributions for such Insurance has been made. This applies if any required premium contribution is not made to the Policyholder within 60 days of the due date</li> </ol> <p>Dependent** coverage ends:</p> <ol style="list-style-type: none"> <li>1. When employee coverage is terminated; or</li> <li>2. When the dependent no longer meets the requirements outlined in the dependent definition.</li> </ol> <p>** See Plan Overview, Eligible Dependents section for further information.</p>
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## Limitations and Exclusions

<p><b>Limitations and Exclusions</b></p>	<p>This policy does not cover any loss incurred by a covered person as a result of:</p> <ol style="list-style-type: none"> <li>1. An injury that occurred as the result of an on-the-job accident</li> <li>2. Injury incurred prior to the covered person's effective date of coverage subject to the Time Limit for Certain Defenses provision; or</li> <li>3. Any act of war whether or not declared, participation in a riot, insurrection or rebellion; or</li> <li>4. Suicide, or any attempt at suicide, whether sane or insane; or</li> <li>5. 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</li> </ol>
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	<p>6. 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</p> <p>7. 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</p> <p>8. Committing or attempting to commit an assault or felony; or</p> <p>9. Driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway.</p> <p>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.</p>
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## Benefit Cost

The employee pays 100% of the cost post-tax.

## Filing Claims

Covered persons are encouraged to notify American Heritage Life Insurance Company of a claim as soon as possible so that a claim decision can be made in a timely manner. Notice of claim must be given within 60 days after the occurrence or commencement of any benefit covered by the policy, or as soon as reasonably possible. Notice can be given directly or on behalf of a covered person or the beneficiary at:

1776 American Heritage Life Drive  
 Jacksonville, Florida 32224-6687

or to any authorized agent of American Heritage Life Insurance Company, with your name and certificate number.

A claim form can be requested from American Heritage Life Insurance Company by calling 1-800-348-4489 or at [www.AllstateBenefits.com/lowes](http://www.AllstateBenefits.com/lowes). If it is not received within 15 days of the request, notice of the claim may be sent without waiting for the form. The claimant must complete his or her own sections of the claim form and then give it to the attending physician. The physician should complete his or her section of the form and send it directly to American Heritage Life Insurance Company.

If a claim is denied, AB will give written notice of:

1. the reason for denial; and
2. the policy provision that relates to the denial; and
3. the right to ask for a review of the claim; and
4. any additional information that might allow us to change our decision.

You may, upon written request, read any reports that are not confidential. For a small fee, AB will make copies of those reports for your use.

## **APPEALS PROCEDURE**

Prior to filing any lawsuit and within 60 days after denial of a claim, you or your beneficiary must appeal any denial of benefits under the policy by making a written request for review of the denial.

## **Employee Retirement Income Security Act of 1974**

Information regarding your benefit rights mandated by ERISA can be found in the Plan Administration portion of the summary plan description.