



Benefit coverage for

Walmart Associates

Life is a delicate balance of financial and physical well being.
An accidental injury can upset that delicate balance.

GACWM

ACCIDENT INSURANCE

the right coverage • your future • great choice

AWD14974X

Walmart 
Save money. Live better.



your coverage—your choice!

You never know when an accidental injury may disrupt your or your family's delicate balance and force you to seek medical attention. Our Accident policy can help supplement your existing medical insurance, and help pay for non-medical expenses not usually covered. Our coverage can help protect your finances and maintain this delicate balance.

i meeting your needs

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

- Up to \$100,000* in accident benefit coverage; Guaranteed Issue.
- Benefits that correspond with treatment for off-the-job accidental injuries and on- or off-the-job accident intensive care unit benefits. Benefits for off-the-job accidental injuries include: hospitalization, emergency treatment, fractures, dislocations, burns, surgical procedures, lacerations, physical therapy, rehabilitation, ambulance, wellness, plus many 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.

* Common Carrier Accidental Death Benefit for you and your covered spouse. Covered child(ren) receive \$15,000.

Our Accident coverage can help secure your financial future.

EASY

on you & your savings

Check out the details.

benefit coverage highlights

Group Accident Insurance offers you and your family supplemental coverage against sudden accidental injuries that can occur without warning. It helps supplement traditional health insurance you and your family may already have. Traditional health insurance is valuable part of protection, but may limit your coverage during an unexpected accidental injury, which can mean you pay for part or all of the treatment necessary to help make you well again.

Each pre-packaged Group Accident plan that is offered doesn't just cover you; if you choose, it also covers your dependents (which can include spouse and dependent children). You and your entire family are assured protection, both physically and financially, will be there 24-hours a day, seven days a week, both on- or off-the-job.**

You and each covered family member can be sure that if a covered accidental injury occurs they will receive:



A lump sum benefit, if the accident leads to death or dismemberment



24-7 protection for accidental injuries**



Benefit coverage that goes where you go**

Unexpected accidents can also mean unexpected out of pocket expenses. Hospital stays, medical or surgical treatments, dislocations or fractures, and transportation by air or ground ambulance can add up quickly and be very costly. Our Group Accident Insurance helps offset some of these expenses so your finances remain healthy.

If you or your covered spouse were unable to work due to an accidental injury how would you make ends meet? Would you have enough money tucked away to pay for the out of pocket expenses? Would you be able to: continue your day-to-day living with a limited income; pay your bills; make sure there is food on the table; send the kid's off to private school; and still pay your medical bills? Think about it!

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

your benefit coverage

Benefits are provided to you, your spouse, 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.



Accidents happen— a fatal injury occurs every 14 minutes and a disabling injury every 4 seconds.¹

HOW TO GET STARTED,

Read the benefits carefully. Be sure to note the coverage amounts for each benefit. Most benefits offer coverage amounts that do not vary based on coverage for yourself, your spouse, or your child(ren).*

Make sure to select coverage for you, you and your spouse, you and your child(ren), or your entire family.

*The Emergency Treatment benefit and Accidental Death and Dismemberment benefit pay different benefit amounts for your dependent children.

You or a covered family member will be paid benefits for: off-the-job accident benefits described; on- and off-the-job accident benefits for intensive care; and Wellness Benefits. 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.

OFF-THE-JOB ACCIDENT ONLY BENEFITS

Emergency Treatment - A \$120 benefit will be paid for you or a covered spouse, and a \$70 benefit will be paid for a covered child 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 72 hours 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 \$25 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 emergency treatment for which a benefit is paid under Emergency 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 (see page 4) 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 this page). This benefit is not payable for days on which the Rehabilitation benefit (see page 4) 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 (see page 6) 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 (see page 6) 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.

¹ Injury Facts 2007 Edition, National Safety Council.

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 (see page 6).

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 (see page 6) 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 (see page 6) 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 (see page 6) is paid for chip or other fractures. No more than 2 fractures for each covered accident will be paid.

Emergency Dental Services - A benefit amount¹ 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.

¹ \$150 paid for broken teeth repaired with crowns, and
\$50 for broken teeth resulting in extractions

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.

Paralysis - A benefit amount² will be paid for you or each covered family member who 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. Paralysis must last 30 or more consecutive days and must be confirmed by a physician. This benefit is only paid once.

² \$10,000 paid for Quadriplegia (Paralysis of four limbs), and
\$5,000 paid for Paraplegia (Paralysis of lower limbs)

Surgical Procedures - A benefit amount will be paid (see page 6) 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 \$150 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 \$25 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 (see page 3) 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 (see page 3) is paid.

Appliances - A \$100 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; back brace; and walker. This benefit is paid only once for each covered accident.

Prosthesis - A \$500 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 only once 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.

Ambulance - A \$150 ground ambulance or \$1,000 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 yearly (up to 3 round trips) 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.

Accidental Death and Dismemberment - A benefit amount will be paid once each covered accident (see page 6) for you or a covered family member if death or dismemberment occurs as a result of an injury sustained in a covered accident within 90 days of such accident. If more than 1 dismemberment is sustained in any 1 accident, the total amount we will pay will not exceed the highest single benefit for accidental dismemberment. If death and dismemberment result from the same accident, only the Accidental Death benefit will be paid. This benefit is paid regardless of whether the dismembered body part is surgically reattached.

ON- AND OFF-THE-JOB ACCIDENT ONLY INTENSIVE CARE UNIT BENEFIT

Intensive Care Unit - A \$600 benefit will be paid daily (up to 15 days, for each accident) for you or each covered family member who is confined to an intensive care unit for at least 18 hours as a result of an injury from a covered **on-the-job** accident. Confinement must start within 30 days of the accident.

Step-down Intensive Care Unit Confinement - A \$200 (off-the-job accident) or \$400 (on-the-job accident) benefit will be paid daily for you or each 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 (see page 3) 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.

WELLNESS BENEFIT

A \$75 benefit will be paid yearly for either you or one other covered family member when an eligible examination or test is performed after your coverage has been in force for at least 12 months. The test must be performed under the supervision of or recommended by a physician while coverage is in force and a charge must be incurred. We will pay this benefit regardless of the result of the examination or test.

The eligible wellness examinations and tests are:

1. annual physical examination; and
2. dental examination; and
3. mammography; and
4. pap smear; and
5. eye examination; and
6. immunization; and
7. flexible sigmoidoscopy; and
8. PSA (prostate specific antigen - blood test for prostate cancer); and
9. ultrasound; and
10. blood screening.

benefit charts

Dislocation (Benefit description; page 3)

Joint	Benefit Amount
Hip	\$2,000
Collar bone	\$800
Knee or shoulder	\$500
Ankle or foot (toes excluded)	\$500
Lower jaw	\$500
Wrist or elbow	\$400
Toe or finger	\$100

Fractures (Benefit description; page 4)

Fracture	Benefit Amount
Hip	\$2,000
Skull depressed simple	\$1,500 \$500
Leg	\$1,000
Rib	\$1,000
Vertebrae (body of), pelvis (coccyx excluded), or sternum	\$1,000
Vertebral processes	\$1,000
Upper jaw, upper arm, or face (nose excluded)	\$600
Hand (fingers excluded)	\$500
Foot (toes/heel excluded)	\$500
Lower jaw	\$500
Nose, heel, or finger	\$500
Shoulder blade or forearm	\$500
Wrist, elbow, ankle, or kneecap	\$500
Coccyx	\$200
Toe	\$200

Accidental Death and Dismemberment (Benefit description; page 5)

Accidental Death	Benefit Amount	
	Common Carrier	Other
Insured Associate	\$100,000	\$25,000
Covered Spouse	\$100,000	\$25,000
Covered Child(ren)	\$15,000	\$7,500

Accidental Death and Dismemberment (Benefit description; page 5)

Accidental Dismemberment	Both Arms and Legs	2 Eyes, Feet, Hands, Arms, Legs	1 Eye, Foot, Arm, Leg	1 or more fingers and/or 1 or more toes
Insured Associate	\$25,000	\$25,000	\$6,250	\$1,250
Covered Spouse	\$25,000	\$25,000	\$6,250	\$1,250
Covered Child(ren)	\$7,500	\$7,500	\$1,875	\$500

Burns (Benefit description; page 3)

Affected Area	Benefit Amount	
	2nd degree	3rd degree
Less than 20 square centimeters of the body surface	\$100	\$200
More than 20 but less than 40 square centimeters of the body surface	\$200	\$500
More than 40 but less than 65 square centimeters of the body surface	\$400	\$1,000
More than 65 but less than 160 square centimeters of the body surface	\$600	\$3,000
More than 160 but less than 225 square centimeters of the body surface	\$800	\$7,000
More than 225 square centimeters of the body surface	\$1,000	\$10,000

Surgery (Benefit description; page 4)

Surgery	Benefit Amount
Open abdominal (including exploratory laparotomy), cranial, hernia, or thoracic surgery	\$1,000
Ruptured discs	\$500
Tendons and/or ligaments	\$500
Torn knee cartilages	\$500
Torn rotator cuffs	\$500
Arthroscopy without surgical repair	\$250
Miscellaneous surgery	\$250

Lacerations (Benefit description; page 4)

Laceration	Benefit 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

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

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.

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. Your dependents cannot be covered as both a dependent and as an associate with their own coverage. A child born to you or your spouse, 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 Workplace Division and the policyholder in accordance with the terms of the policy. Your consent is not required for this. Allstate Workplace Division 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 is a covered person, your spouse's coverage ends upon valid decree of divorce or your death, or when you move to an eligible class that does not provide spouse

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, except as may be provided under the On- and Off-the-Job Accident Only Intensive Care Unit Benefit; 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.

This material is valid as long as information remains current, but in no event later than July 15, 2012. Group Accident benefits provided by policy form GAPWM, which provides stated benefits for off-the-job accidental injuries and on- or off-the-job accident intensive care unit benefit. The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy.

The policy provides supplemental, limited benefit 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 Workplace Division Walmart call center at **1-800-514-9525**. Or, go to www.allstateatwork.com/walmart.

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Allstate Workplace Division is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a wholly-owned subsidiary of The Allstate Corporation.
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