

**GOVERNMENT OF GUAM**  
**EMPLOYEE SUPPLEMENTAL HEALTH INSURANCE**

**4. Allstate Group Accident Insurance**

Underwritten by  
**American Heritage Life Insurance Company**

**A. PLAN DESCRIPTION**

Cash Benefit for Accidental Death & Dismemberment, hospital confinement, medical expenses, joint dislocation (ie. hip, wrist, elbow, finger, toes etc.) simple or closed fractures (ie. hip, arm, ankle etc.)  
*See Policy for more details*

**B. ENROLLMENT GUIDELINES**

1. Employees have 2 Options to choose from: Low Option or High Option.
2. Employee can elect coverage for spouse and child(ren): Spouse must be legally married to employee and Child(ren) must be age 15 days to age 22 (natural, legally adopted, step, foster, grandchildren living with employee and dependent on support and maintenance).

**ALLSTATE EMPLOYEE BENEFIT**  
**4. ACCIDENT INSURANCE**

1. BASE ACCIDENT BENEFITS	POLICY PAYS	LOW OPTION	HIGH OPTION
Accidental Death & Dismemberment	Employee	\$40,000	\$60,000
	Spouse	\$20,000	\$30,000
	Child	\$10,000	\$15,000
Common Carrier Accidental Death	Employee	\$200,000	\$300,000
	Spouse	\$100,000	\$150,000
	Child	\$50,000	\$75,000
Dislocation and Fracture	Employee, Spouse and Children	up to \$4,000	up to \$6,000
Initial Hospital Confinement	overnight stay, payable 1x per covered person	\$1,000	\$1,500
Hospital Confinement	Per day, maximum 90 days per injury	\$200	\$300
Intensive Care	Per day up to 90 days	\$300	\$600
Ambulance Benefit <i>Transportation to and from hospital</i>	Regular Ambulance	\$200	\$300
	Air Ambulance	\$600	\$900
Medical Expenses	Physician's fees, x-rays, emergency room services	up to \$500	up to \$750
Outpatient Physician's Treatment	2 vists per insured / 4 per family, per year	\$50	\$75
2. BENEFIT ENHANCEMENT RIDER BENEFITS		LOW OPTION	HIGH OPTION
Hospital Admission	1x per insured per confinement per yar	\$500	\$500
Lacerations	1x per insured per year for 1 or more lacerations	\$50	\$50
Burns                      < 15% of body surface > 15% or more	1x per insured per year for 1 or more burns	\$100	\$100
	1x per insured per year for 1 or more burns	\$500	\$500
Skin Graft (% of Burns)	1x per insured per accident per year	50%	50%
Brain Injury Diagnosis	1x per insured	\$150	\$150
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)	1x per insured per accident per year	\$50	\$50
Paralysis                      Paraplegia Quadriplegia	1x per insured for permanent loss of legs	\$7,500	\$7,500
	1x per insured for permanent loss of all 4 limbs	\$15,000	\$15,000
Coma with Respiratory Assistance	1x per insured	\$10,000	\$10,000
Open Abdominal or Thoraic Surgery	for surgery within 3 days of the accident	\$1,000	\$1,000

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2. BENEFIT ENHANCEMENT RIDER BENEFITS (Con't)		LOW OPTION	HIGH OPTION
Tendon, Ligament, Rotator Cuff > Surgery	for surgery within 180 days of the accident	\$500	\$500
or Knee Cartilage Surgery > Exploratory	arthroscopy procedure with no surgical repair	\$150	\$150
Ruptured Disc Surgery	sugery performed within 180 days of accident	\$500	\$500
Eye Surgery	1x per insured per accident per year	\$100	\$100
General Anesthesia	for use with surgery within 180 days of accident	\$100	\$100
Blood and Plasma	for transfusion within 3 days after accident	\$300	\$300
Appliance	for wheelchair, crutches or walker	\$125	\$125
Medical Supplies and Medicine	for OTC purchase within 90 days after accident	\$5	\$5
Prosthesis	One Device	to replace arm, leg, hand, foot or eye within 180	\$500
	Two or More	days after accident. 1x per insured per accident	\$1,000
Physical Therapy	per day, max. 6 treatments/accident/insured	\$30	\$30
Rehabilitation Unit	daily room charge up to 30 days/60 max. per yr.	\$100	\$100
Non-Local Transportation	per trip, max. 3 times / accident	\$400	\$400
Family Member Lodging	per day, up to 30 days for lodging	\$100	\$100
Post-Accident Transportation	1x per insured per year	\$200	\$200
Accident Follow-Up Treatment	per day, max. 2 treatments/accident/insured	\$50	\$50

See policy for more details

C. ACCIDENT INSURANCE: BI-WEEKLY RATES							
LOW OPTION				HIGH OPTION			
EE	EE + CH	EE + SP	F	EE	EE + CH	EE + SP	F
<b>\$8.32</b>	<b>\$17.02</b>	<b>\$15.64</b>	<b>\$20.72</b>	<b>\$11.40</b>	<b>\$23.86</b>	<b>\$21.80</b>	<b>\$29.30</b>

EE = Employee CH = Child SP = Spouse F = Family

**Guam Imperial Int'l., Inc., (General Agent for Allstate Insurance)**

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