

Group Voluntary Accident (GVAP6)

24-Hour Accident Insurance from Allstate Benefits

Offered to the employees of:

TC Title

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFIT		PLAN 1
Initial Hospital Confinement (pays once/year)		\$1,000
Daily Hospital Confinement (pays daily)		\$200
Intensive Care (pays daily)		\$400
RIDER BENEFITS		PLAN 1
Accident Treatment & Urgent Care Rider		
Ambulance	Ground	\$100
	Air	\$300
Accident Physician's Treatment		\$50
X-ray		\$100
Urgent Care		\$50
Dislocation/Fracture Rider ¹		\$2,000
Emergency Room Services Rider		\$100
Outpatient Physician's Benefit Rider (pays daily)		\$25.00
Accidental Death ¹ , Dismemberment ¹ , and Functional Loss ¹ Rider		\$20,000
Common Carrier (fare-paying passenger)		\$50,000
BENEFIT ENHANCEMENT RIDER		PLAN 1
Accident Follow-Up Treatment (pays daily)		\$50
Lacerations		\$50
Burns	< 15% body surface	\$100
	15% or more	\$500
Skin Graft (% of Burns Benefit)		50%
Brain Injury Diagnosis		\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		\$50
Paralysis (pays once)	Paraplegia	\$7,500
	Quadriplegia	\$15,000
Coma with Respiratory Assistance		\$10,000
Open Abdominal or Thoracic Surgery		\$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$500
	Exploratory	\$150
Ruptured Spinal Disc Surgery		\$500
Eye Surgery		\$100
General Anesthesia		\$100
Blood and Plasma		\$300
Appliance		\$125.00
Medical Supplies		\$5.00
Medicine		\$5.00
Prosthesis	1 device	\$500
	2 or more devices	\$1,000
Physical, Occupational or Speech Therapy (pays daily)		\$30
Rehabilitation Unit (pays daily)		\$100
Non-Local Transportation		\$250
Family Member Lodging (pays daily)		\$100
Post-Accident Transportation (pays once/year)		\$200
Broken Tooth		\$100
Residence/Vehicle Modification		\$500
Pain Management (Epidural Injection)		\$50
Miscellaneous Outpatient Surgery		\$100

*Each benefit pays the amount shown. ¹Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$4.81	\$10.18	\$8.34	\$13.14

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse;

EE + CH = Employee + Child(ren); F = Family

Injury Benefit Schedule is on reverse

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	PLAN 1
Hip joint	\$2,000
Knee or ankle joint [^] , bone or bones of the foot [^]	\$800
Wrist joint	\$700
Elbow joint	\$600
Shoulder joint	\$400
Bone or bones of the hand [^] , collarbone	\$300
Two or more fingers or toes	\$140
One finger or toe	\$60
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1
Hip, thigh (femur), pelvis ⁺⁺	\$2,000
Skull ⁺⁺	\$1,900
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$1,100
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$800
Foot ⁺⁺ , hand or wrist ⁺⁺	\$700
Lower jaw ⁺⁺	\$400
Two or more ribs, fingers or toes, bones of face or nose	\$300
One rib, finger or toe, coccyx	\$140
LOSS	PLAN 1
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$20,000
One eye, hand, arm, foot, or leg	\$10,000
One or more entire toes or fingers	\$2,000

[^]Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ⁺⁺Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

FOR HOME OFFICE USE ONLY – GVAP6

Opt 1 - 2.0U Base; 1.0U D/F; 1.0U AUC; 1.0U ERS; 1.0U ADD; 1.0U BER; 1.0U OPT w/ sick; 24 Hour

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For use in enrollments situated in: WA. This rate insert is part of the approved brochure for TC Title or form ABJ29986-6; it is not to be used on its own.

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