

Group Voluntary Accident (GVAP1)

On- and Off-the-Job Accident Insurance from Allstate Benefits

BENEFIT AMOUNTS

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

| BASE POLICY BENEFITS | | PLAN 1 |
|--|--------------------|-----------|
| Accidental Death | Employee | \$42,000 |
| | Spouse | \$42,000 |
| | Children | \$42,000 |
| Common Carrier Accidental Death (fare-paying passenger) | Employee | \$200,000 |
| | Spouse | \$200,000 |
| | Children | \$200,000 |
| Dismemberment ¹ | Employee | \$42,000 |
| | Spouse | \$42,000 |
| | Children | \$42,000 |
| Dislocation or Fracture ¹ | Employee | \$4,000 |
| | Spouse | \$4,000 |
| | Children | \$4,000 |
| Initial Hospitalization Confinement (pays once) | | \$1,000 |
| Hospital Confinement (pays daily) | | \$200 |
| Intensive Care (pays daily) | | \$400 |
| Ambulance Services | Ground | \$200 |
| | Air | \$600 |
| Medical Expenses (pays up to amount shown) | | \$500 |
| Outpatient Physician's Treatment (pays per visit) | | \$50.00 |
| BENEFIT ENHANCEMENT RIDER | | PLAN 1 |
| Hospital Admission (pays once/year) | | \$1,000 |
| Lacerations (pays once/year) | | \$100 |
| Burns | < 15% body surface | \$200 |
| | 15% or more | \$1,000 |
| Skin Graft (% of Burns Benefit) | | 50% |
| Brain Injury Diagnosis (pays once) | | \$300 |
| Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/accident/year) | | \$100 |
| Paralysis (pays once) | Paraplegia | \$15,000 |
| | Quadriplegia | \$30,000 |
| Coma with Respiratory Assistance (pays once) | | \$20,000 |
| Open Abdominal or Thoracic Surgery | | \$2,000 |
| Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery | Surgery | \$1,000 |
| | Exploratory | \$300 |
| Ruptured Disc Surgery | | \$1,000 |
| Eye Surgery | | \$200 |
| General Anesthesia | | \$200 |
| Blood and Plasma | | \$600 |
| Appliance | | \$250 |
| Medical Supplies | | \$10 |
| Medicine | | \$10 |
| Prosthesis | 1 device | \$1,000 |
| | 2 or more devices | \$2,000 |
| Physical Therapy (pays daily) | | \$60 |
| Rehabilitation Unit (pays daily) | | \$200 |
| Non-Local Transportation | | \$800 |
| Family Member Lodging (pays daily) | | \$200 |
| Post-Accident Transportation (pays once/year) | | \$400 |
| Accident Follow-Up Treatment (pays daily) | | \$100 |

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

NEW BENEFIT!

Enroll through 

PLAN 1 PREMIUMS

| MODE | EE | EE + SP | EE + CH | F |
|-----------|--------|---------|---------|---------|
| Bi-Weekly | \$9.46 | \$17.94 | \$19.32 | \$23.32 |

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

FOR HOME OFFICE USE ONLY - GVAP1

Opt 1 - 2.0U Base; 2.0U BER

ABQ V06.01.2020 Rate Insert Creation Date: 10/14/2020

Don't forget to claim your **Outpatient Physician's Treatment Benefits!** This is available twice per year per person, up to four times per family, and covers any doctor's office visit for any reason - even dental cleanings!

Claim easily at allstatebenefits.com/MyBenefits with quick payment available via direct deposit.

Accident Insurance pays YOU if you're injured to help you cover your out-of-pocket medical expenses, but you can spend the money however you want.

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

Covered spouse and children get 100% of the amounts shown.

| COMPLETE DISLOCATION | PLAN 1 |
|---|----------|
| Hip joint | \$4,000 |
| Knee or ankle joint ³ , bone or bones of the foot ³ | \$1,600 |
| Wrist joint | \$1,400 |
| Elbow joint | \$1,200 |
| Shoulder joint | \$800 |
| Bone or bones of the hand ³ , collarbone | \$600 |
| Two or more fingers or toes | \$280 |
| One finger or toe | \$120 |
| COMPLETE, SIMPLE OR CLOSED FRACTURE | PLAN 1 |
| Hip, thigh (femur), pelvis ⁴ | \$4,000 |
| Skull ⁴ | \$3,800 |
| Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula) | \$2,200 |
| Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle) | \$1,600 |
| Foot ⁴ , hand or wrist ⁴ | \$1,400 |
| Lower jaw ⁴ | \$800 |
| Two or more ribs, fingers or toes, bones of face or nose | \$600 |
| One rib, finger or toe, coccyx | \$280 |
| LOSS | PLAN 1 |
| Life or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg | \$42,000 |
| One eye, hand, arm, foot, or leg | \$21,000 |
| One or more entire toes or fingers | \$4,200 |

³Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ⁴Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).



For use in enrollments situated in: OH. This rate insert is part of the approved brochure for Metro RTA and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than October 14, 2023. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2020 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.