Group Voluntary Accident (GVAP2)

Off-the-Job Accident Insurance

from Allstate Benefits

See attached **Important information About Coverage.**

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the Important Information About Coverage.

BASE ACCIDENT BENEFITS		PLAN 1	PLAN 2
Accidental Death	Employee	$40,000	$60,000
	Spouse	$20,000	$30,000
	Children	$10,000	$15,000
Common Carrier Accidental Death	Employee	$200,000	$300,000
(fare-paying passenger)	Spouse	$100,000	$150,000
	Children	$50,000	$75,000
Dismemberment[1]	Employee	$40,000	$60,000
	Spouse	$20,000	$30,000
	Children	$10,000	$15,000
Dislocation or Fracture[1]	Employee	$4,000	$6,000
	Spouse	$2,000	$3,000
	Children	$1,000	$1,500
Hospital Confinement (Pays once/year)		$1,000	$1,500
Daily Hospital Confinement (Pays daily)		$200	$300
Intensive Care (Pays daily)		$400	$600
Ambulance	Ground	$200	$300
	Air	$600	$900
Accident Physician's Treatment		$100	$150
X-Ray		$200	$300
Emergency Room Services		$200	$300

[1]Up to amount shown; actual amount paid depends on injury and is based on Schedule of Benefits and Factors in your certificate of coverage. Multiple losses from same injury pay only up to amount shown above.

BENEFIT ENHANCEMENTS		PLAN 1	PLAN 2
Lacerations[2] (Pays once/year)		$100	$100
Burns[2] (other than sunburns)	< 15% body surface	$200	$200
	> 15% or more	$1,000	$1,000
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis[2] (Pays once)		$300	$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)		$100	$100
Paralysis[2] (Pays once)	Paraplegia	$15,000	$15,000
	Quadriplegia	$30,000	$30,000
Coma with Respiratory Assistance (Pays once)		$20,000	$20,000
Open Abdominal or Thoracic Surgery[2]		$2,000	$2,000
Tendon, Ligament, Rotator Cuff	Surgery	$1,000	$1,000
or Knee Cartilage Surgery	Exploratory	$300	$300
Ruptured Spinal Disc Surgery		$1,000	$1,000
Eye Surgery		$200	$200
General Anesthesia		$200	$200
Blood and Plasma[2]		$600	$600
Appliance		$250	$250
Medical Supplies		$10	$10
Medicine		$10	$10
Prosthesis	1 device	$1,000	$1,000
	2 or more devices	$2,000	$2,000
Physical Therapy (Pays daily; max. 6 days/accident)		$60	$60
Rehabilitation Unit (Pays daily)		$200	$200
Non-Local Transportation		$800	$800
Family Member Lodging		$200	$200
Post-Accident Transportation (Pays once/year)		$400	$400
Accident Follow-Up Treatment		$100	$100
ADDITIONAL RIDER BENEFIT		**PLAN 1**	**PLAN 2**
Outpatient Physician's Benefit		$100	$100

[2]Within 3 days after accident.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	$3.18	$4.57	$6.46	$8.07
Bi-Weekly	$6.36	$9.14	$12.92	$16.14
Semi-Monthly	$6.88	$9.90	$13.98	$17.48
Monthly	$13.76	$19.80	$27.96	$34.96

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

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	$4.28	$6.22	$8.65	$10.82
Bi-Weekly	$8.56	$12.44	$17.30	$21.64
Semi-Monthly	$9.26	$13.47	$18.74	$23.43
Monthly	$18.52	$26.94	$37.48	$46.86

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

Allstate. BENEFITS

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