

Group Voluntary Accident (GVAP6)

24-Hour Accident Insurance from Allstate Benefits

See attached Important information About Coverage.

Offered to the employees of:
Wilcox Family Farm

BENEFIT AMOUNTS

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

BASE POLICY BENEFITS	PLAN 1	PLAN 2
Initial Hospital Confinement (Pays once/year)	\$1,000	\$2,000
Daily Hospital Confinement (Pays daily)	\$200	\$400
Intensive Care (Pays daily)	\$400	\$800
RIDER BENEFITS	PLAN 1	PLAN 2
Accident Treatment and Urgent Care Rider		
Ambulance		
Ground	\$200	\$400
Air	\$600	\$1,200
Accident Physician's Treatment	\$100	\$200
X-ray	\$200	\$400
Urgent Care	\$100	\$200
Dislocation or Fracture Rider ¹	\$4,000	\$8,000
Emergency Room Services Rider	\$200	\$400
Outpatient Physician's Benefit Rider	\$50.00	\$50.00
Accidental Death*, Dismemberment ¹ ,* and Functional Loss ¹ ,* Rider	\$40,000	\$100,000
Common Carrier Accidental Death (fare-paying passenger)	\$100,000	\$250,000

*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.

BENEFIT ENHANCEMENT RIDER	PLAN 1	PLAN 2
Accident Follow-Up Treatment (Pays daily)	\$100	\$200
Lacerations	\$100	\$200
Burns		
< 15% body surface	\$200	\$400
> 15% or more	\$1,000	\$2,000
Skin Graft (% of Burns Benefit)	50%	50%
Brain Injury Diagnosis	\$600	\$1,200
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (Pays once/year)	\$100	\$200
Paralysis (Pays once)		
Paraplegia	\$15,000	\$30,000
Quadriplegia	\$30,000	\$60,000
Coma with Respiratory Assistance	\$20,000	\$40,000
Open Abdominal or Thoracic Surgery	\$2,000	\$4,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery		
Surgery	\$1,000	\$2,000
Exploratory	\$300	\$600
Ruptured Spinal Disc Surgery	\$1,000	\$2,000
Eye Surgery	\$200	\$400
General Anesthesia	\$200	\$400
Blood and Plasma	\$600	\$1,200
Appliance	\$250.00	\$500.00
Medical Supplies	\$10.00	\$20.00
Medicine	\$10.00	\$20.00
Prosthesis		
1 device	\$1,000	\$2,000
2 or more devices	\$2,000	\$4,000
Physical, Occupational or Speech Therapy (Pays daily)	\$60	\$120
Rehabilitation Unit	\$200	\$400
Non-Local Transportation	\$500	\$1,000
Family Member Lodging	\$200	\$400
Post-Accident Transportation (Pays once/year)	\$400	\$800
Broken Tooth	\$200	\$400
Residence/Vehicle Modification	\$1,000	\$2,000
Pain Management (Epidural Injection)	\$100	\$200
Miscellaneous Outpatient Surgery	\$200	\$400

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	PLAN 1	PLAN 2
Hip joint	\$4,000	\$8,000
Knee or ankle joint ▲, bone or bones of the foot ▲	\$1,600	\$3,200
Wrist joint	\$1,400	\$2,800
Elbow joint	\$1,200	\$2,400
Shoulder joint	\$800	\$1,600
Bone or bones of the hand ▲, collarbone	\$600	\$1,200
Two or more fingers or toes	\$280	\$560
One finger or toe	\$120	\$240
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1	PLAN 2
Hip, thigh (femur), pelvis **	\$4,000	\$8,000
Skull **	\$3,800	\$7,600
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200	\$4,400
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600	\$3,200
Foot **, hand or wrist **	\$1,400	\$2,800
Lower jaw **	\$800	\$1,600
Two or more ribs, fingers or toes, bones of face or nose	\$600	\$1,200
One rib, finger or toe, coccyx	\$280	\$560
LOSS	PLAN 1	PLAN 2
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000	\$100,000
One eye, hand, arm, foot, or leg	\$20,000	\$50,000
One or more entire toes or fingers	\$4,000	\$10,000

▲ 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).

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$3.47	\$6.00	\$7.37	\$9.67
Bi-Weekly	\$6.94	\$12.00	\$14.74	\$19.34
Semi-Monthly	\$7.52	\$12.99	\$15.96	\$20.95
Monthly	\$15.03	\$25.98	\$31.91	\$41.90

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

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$6.44	\$11.13	\$13.76	\$17.59
Bi-Weekly	\$12.88	\$22.26	\$27.52	\$35.18
Semi-Monthly	\$13.94	\$24.10	\$29.80	\$38.10
Monthly	\$27.88	\$48.20	\$59.60	\$76.19

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



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BENEFITS

Opt 2 - 4.0U Base; 4.0U D/F; 4.0U AUC; 4.0U ERS; 5.0U ADD; 4.0U BER; 2.0U OPT w/ sick; 24 Hour



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For use in enrollments situated in: Oregon. This rate insert is part of the approved flyer for Wilcox Family Farm and form ABJ29986-5; it is not to be used on its own.

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