Group Voluntary Accident (GVAP6)

24-Hour Accident Insurance from Allstate Benefits

See attached Important information About Coverage.

Offered to the employees of:

ICS Communications

BENEFIT AMOUNTS

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

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BASE POLICY BENEFITS		PLAN 1	PLAN 2	
Initial Hospital Confinement (Pays once/year)		\$1,000	\$1,500	
Daily Hospital Confinement (Pays daily)		\$200	\$300	
Intensive Care (Pays daily)		\$400	\$600	
RIDER BEN	NEFITS		PLAN 1	PLAN 2
Accident Tre	atment and Urgent Care Ri	der		
	Ambulance Gr	ound	\$200	\$300
	Ai	r	\$600	\$900
	Accident Physician's Treat	ment	\$100	\$150
	X-ray		\$200	\$300
	Urgent Care		\$100	\$150
Dislocation or Fracture Rider ¹		\$4,000	\$6,000	
Emergency Room Services Rider		\$200	\$300	
Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider		\$50.00	\$50.00	
Accidental Death*, Dismemberment ¹ ,*		\$40,000	\$60,000	
and Functional Loss ¹ ,* Rider				
Common Carrier Accidental Death (fare-paying passenger)		\$100,000	\$150,000	
		φ100,000		

^{*}Each benefit pays the amount shown. ¹Up to amount shown; see Injury Benefit Schedule on reverse.

 $\label{eq:multiple losses} \mbox{ from same injury pay only up to amount shown above.}$

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BENEFIT ENHANCEMENT RIDER	PLAN 1	PLAN 2
Accident Follow-Up Treatment (Pays daily)	\$100	\$150
Lacerations Pures 450/ heath sourfees	\$100	\$150
Burns < 15% body surface		\$300
> 15% or more	\$1,000	\$1,500
Skin Graft (% of Burns Benefit)	50%	50%
Brain Injury Diagnosis	\$600	\$900
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (Pays	\$100	\$150
Paralysis (Pays once) Paraplegia	\$15,000	\$22,500
Quadriple	\$30,000	\$45,000
Coma with Respiratory Assistance	\$20,000	\$30,000
Open Abdominal or Thoracic Surgery	\$2,000	\$3,000
Tendon, Ligament, Rotator Cuff Surgery	\$1,000	\$1,500
or Knee Cartilage Surgery Explorator	\$300	\$450
Ruptured Spinal Disc Surgery	\$1,000	\$1,500
Eye Surgery	\$200	\$300
General Anesthesia	\$200	\$300
Blood and Plasma	\$600	\$900
Appliance	\$250.00	\$375.00
Medical Supplies	\$10.00	\$15.00
Medicine	\$10.00	\$15.00
Prosthesis 1 device	\$1,000	\$1,500
2 or more device	\$2,000	\$3,000
Physical, Occupational or Speech Therapy (Pays daily)	\$60	\$90
Rehabilitation Unit	\$200	\$300
Non-Local Transportation	\$500	\$750
Family Member Lodging	\$200	\$300
Post-Accident Transportation (Pays once/year)	\$400	\$600
Broken Tooth	\$200	\$300
Residence/Vehicle Modification	\$1,000	\$1,500
Pain Management (Epidural Injection)	\$100	\$150
Miscellaneous Outpatient Surgery	\$200	\$300

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INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

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COMPLETE DISLOCATION	PLAN 1	PLAN 2
Hip joint	\$4,000	\$6,000
Knee or ankle joint ♣, bone or bones of the	\$1,600	\$2,400
foot▲	φ1,000	φ2,400
Wrist joint	\$1,400	\$2,100
Elbow joint	\$1,200	\$1,800
Shoulder joint	\$800	\$1,200
Bone or bones of the hand ♣, collarbone	\$600	\$900
Two or more fingers or toes	\$280	\$420
One finger or toe	\$120	\$180
COMPLETE, SIMPLE OR CLOSED FRACTI	PLAN 1	PLAN 2
Hip, thigh (femur), pelvis ++	\$4,000	\$6,000
Skull ⁺⁺	\$3,800	\$5,700
Arm, between shoulder and elbow (shaft),	#0.000	\$3,300
shoulder blade (scapula), leg (tibia or fibula)	\$2,200	
Ankle, knee cap (patella), forearm (radius or	£4.600	\$2,400
ulna), collarbone (clavicle)	\$1,600	φ 2,400
Foot ⁺⁺ , hand or wrist ⁺⁺	\$1,400	\$2,100
Lower jaw ⁺⁺	\$800	\$1,200
Two or more ribs, fingers or toes,	ФСОО	\$900
bones of face or nose	\$600	
One rib, finger or toe, coccyx	\$280	\$420
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	\$40,000	\$60,000
leg		
One eye, hand, arm, foot, or leg	\$20,000	\$30,000
One or more entire toes or fingers	\$4,000	\$6,000
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[▲] 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	\$2.60	\$4.49	\$5.52	\$7.19
Bi-Weekly	\$5.20	\$8.98	\$11.04	\$14.38
Semi-Monthly	\$5.63	\$9.73	\$11.96	\$15.58

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

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$3.61	\$6.24	\$7.72	\$9.92
Bi-Weekly	\$7.22	\$12.48	\$15.44	\$19.84
Semi-Monthly	\$7.81	\$13.51	\$16.72	\$21.48

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



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