

Group Voluntary Accident (GVAP1)

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

See attached **Important Information About Coverage**.

Offered to the employees of:

PayPros

BENEFIT AMOUNTS

BASE ACCIDENT BENEFITS		PLAN 1	PLAN 2
Accidental Death and Dismemberment ¹	Employee	\$40,000	\$50,000
	Spouse	\$20,000	\$25,000
	Children	\$10,000	\$12,500
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$200,000	\$250,000
	Spouse	\$100,000	\$125,000
	Children	\$50,000	\$62,500
Dislocation or Fracture ¹	Employee	\$4,000	\$5,000
	Spouse	\$4,000	\$5,000
	Children	\$4,000	\$5,000
Initial Hospital Confinement (Pays once)		\$1,000	\$1,250
Hospital Confinement (Pays daily)		\$200	\$250
Intensive Care (Pays daily)		\$400	\$500
Medical Expenses (Pays up to amount shown)		\$500	\$625
Ambulance	Ground	\$200	\$250
	Air	\$600	\$750
Outpatient Physician's Treatment (Pays per visit)		\$50.00	\$62.50

¹ Up to amount shown; actual amount paid depends on injury and is based on the Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

BENEFIT ENHANCEMENT RIDER	PLAN 1	PLAN 2
Hospital Admission	\$1,000	\$1,000
Ruptured Spinal Disc Surgery	\$1,000	\$1,000
Lacerations (Pays once/year)	\$100	\$100
Accident Follow-Up Treatment	\$100	\$100
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)	\$100	\$100
Burns (Pays once/accident; other than sunburns)	< 15% body surface	\$200
	> 15% or more	\$1,000
Skin Graft (Pays once/accident; % of Burns Benefit)		50%
Brain Injury Diagnosis (Pays once)		\$300
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
Eye Surgery (Pays once/accident)		\$200
Rehabilitation Unit		\$200
General Anesthesia		\$200
Family Member Lodging		\$200
Blood and Plasma (Pays once/accident)		\$600
Appliance (Pays once/accident)		\$250
Medical Supplies (Pays once/accident)		\$10
Medicine (Pays once/accident)		\$10
Prosthesis (Pays once/accident)	1 device	\$1,000
	2 or more device	\$2,000
Physical Therapy (Pays daily; max. 6 treatments/accident)		\$60
Non-Local Transportation		\$800
Post-Accident Transportation (Pays once/year)		\$400

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

Hip joint	\$4,000	\$5,000
Knee or ankle joint ▲, bone or bones of the foot ▲	\$1,600	\$2,000
Wrist joint	\$1,400	\$1,750
Elbow joint	\$1,200	\$1,500
Shoulder joint	\$800	\$1,000
Bone or bones of the hand ▲, collarbone	\$600	\$750
Two or more fingers or toes	\$280	\$350
One finger or toe	\$120	\$150
Hip, thigh (femur), pelvis **	\$4,000	\$5,000
Skull **	\$3,800	\$4,750
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200	\$2,750
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600	\$2,000
Foot **, hand or wrist **	\$1,400	\$1,750
Lower jaw **	\$800	\$1,000
Two or more ribs, fingers or toes, bones of face or nose	\$600	\$750
One rib, finger or toe, coccyx	\$280	\$350
Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000	\$50,000
One eye, hand, arm, foot, or leg	\$20,000	\$25,000
One or more entire toes or fingers	\$4,000	\$5,000

▲ 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	\$4.90	\$9.47	\$11.42	\$14.01
Bi-Weekly	\$9.80	\$18.94	\$22.84	\$28.02
Semi-Monthly	\$10.60	\$20.52	\$24.73	\$30.36
Monthly	\$21.20	\$41.04	\$49.46	\$60.71

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	\$5.67	\$11.11	\$13.47	\$16.61
Bi-Weekly	\$11.34	\$22.22	\$26.94	\$33.22
Semi-Monthly	\$12.27	\$24.06	\$29.19	\$35.97
Monthly	\$24.54	\$48.12	\$58.37	\$71.94

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

For Internal Home Office use only

Opt 1 - 2.0U Base; 2.0U Ber; FFDB included

Opt 2 - 2.5U Base; 2.0U Ber; FFDB included



For use in enrollments situated in: Utah. This rate insert is part of the approved flyer for PayPros and form ABJ29977-4; it is not to be used on its own.

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