

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	PLAN 2
Accidental Death	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
Dismemberment ¹	Employee	\$40,000	\$50,000
	Spouse	\$20,000	\$25,000
	Children	\$10,000	\$12,500
Dislocation or Fracture ¹	Employee	\$4,000	\$5,000
	Spouse	\$4,000	\$5,000
	Children	\$4,000	\$5,000
Initial Hospitalization Confinement (pays once)		\$1,000	\$1,250
Hospital Confinement (pays daily)		\$200	\$250
Intensive Care (pays daily)		\$400	\$500
Ambulance Services	Ground	\$200	\$250
	Air	\$600	\$750
Medical Expenses (pays up to amount shown)		\$500	\$625
Outpatient Physician's Treatment (pays per visit)		\$50.00	\$62.50
BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2
Hospital Admission (pays once/year)		\$500	\$1,000
Lacerations (pays once/year)		\$50	\$100
Burns	< 15% body surface	\$100	\$200
	15% or more	\$500	\$1,000
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis (pays once)		\$150	\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/accident/year)		\$50	\$100
Paralysis (pays once)	Paraplegia	\$7,500	\$15,000
	Quadriplegia	\$15,000	\$30,000
Coma with Respiratory Assistance (pays once)		\$10,000	\$20,000
Open Abdominal or Thoracic Surgery		\$1,000	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$500	\$1,000
	Exploratory	\$150	\$300
Ruptured Disc Surgery		\$500	\$1,000
Eye Surgery		\$100	\$200
General Anesthesia		\$100	\$200
Blood and Plasma		\$300	\$600
Appliance		\$125	\$250
Medical Supplies		\$5	\$10
Medicine		\$5	\$10
Prosthesis	1 device	\$500	\$1,000
	2 or more devices	\$1,000	\$2,000
Physical Therapy (pays daily)		\$30	\$60
Rehabilitation Unit (pays daily)		\$100	\$200
Non-Local Transportation		\$400	\$800
Family Member Lodging (pays daily)		\$100	\$200
Post-Accident Transportation (pays once/year)		\$200	\$400
Accident Follow-Up Treatment (pays daily)		\$50	\$100

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

Offered to the employees of:

Pacific States Marine

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$9.00	\$17.72	\$21.39	\$26.37
Monthly	\$17.99	\$35.44	\$42.78	\$52.73

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$11.90	\$23.76	\$28.34	\$34.78
Monthly	\$23.80	\$47.51	\$56.68	\$69.56

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; 1.0U BER; FFDB included

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

ABQ V08.15.2019 Rate Insert Creation Date: 9/16/2019

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

[†]Covered spouse gets 50% of the amount shown and children 25%.

^{††}Covered spouse and children get 100% of the amount shown.

COMPLETE DISLOCATION ^{††}	PLAN 1	PLAN 2
Hip joint	\$4,000	\$5,000
Knee or ankle joint ³ , bone or bones of the foot ³	\$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 ³ , collarbone	\$600	\$750
Two or more fingers or toes	\$280	\$350
One finger or toe	\$120	\$150
COMPLETE, SIMPLE OR CLOSED FRACTURE ^{††}	PLAN 1	PLAN 2
Hip, thigh (femur), pelvis ⁴	\$4,000	\$5,000
Skull ⁴	\$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 ⁴ , hand or wrist ⁴	\$1,400	\$1,750
Lower jaw ⁴	\$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
LOSS [†]	PLAN 1	PLAN 2
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

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: OR. This rate insert is part of the approved brochure for Pacific States Marine or form ABJ29977-5; it is not to be used on its own.

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