

Group Voluntary Accident (GVAP1)

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

See attached **Important Information About Coverage**.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$15.52	\$28.88	\$31.86	\$39.28

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

BENEFIT AMOUNTS

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

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.



For use in enrollments situated in: TX. This rate insert is part of the approved form ABJ29977-1 and is not to be used on its own.

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