

Group Voluntary Accident (GVAP6)

Off-The-Job Accidental Insurance

from Allstate Benefits

See attached **Important Information About Coverage**.

"Offered to the employees of:

Sowers

BENEFIT AMOUNTS

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

BASE POLICY BENEFITS	PLAN 1
Initial Hospital Confinement (Pays once/year)	\$2,000
Daily Hospital Confinement (Pays daily)	\$400
Intensive Care (Pays daily)	\$800
RIDER BENEFITS	PLAN 1
Accident Treatment and Urgent Care Rider	
Ambulance	Ground \$400 Air \$1,200
Accident Physician's Treatment	\$200
X-ray	\$400
Urgent Care	\$200
Dislocation or Fracture Rider ¹	\$8,000
Emergency Room Services Rider	\$400
Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider	\$50.00
Accidental Death*, Dismemberment ¹ ,* and Functional Loss ¹ ,* Rider	\$80,000
Common Carrier Accidental Death (fare-paying passenger)	\$200,000

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

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	PLAN 1
Hip joint	\$8,000
Knee or ankle joint [^] , bone or bones of the foot [^]	\$3,200
Wrist joint	\$2,800
Elbow joint	\$2,400
Shoulder joint	\$1,600
Bone or bones of the hand [^] , collarbone	\$1,200
Two or more fingers or toes	\$560
One finger or toe	\$240
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1
Hip, thigh (femur), pelvis ⁺⁺	\$8,000
Skull ⁺⁺	\$7,600
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$4,400
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$3,200
Foot ⁺⁺ , hand or wrist ⁺⁺	\$2,800
Lower jaw ⁺⁺	\$1,600
Two or more ribs, fingers or toes, bones of face or nose	\$1,200
One rib, finger or toe, coccyx	\$560
LOSS	PLAN 1
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$80,000
One eye, hand, arm, foot, or leg	\$40,000
One or more entire toes or fingers	\$8,000

[^] 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).

For Internal Home Office use only

Opt 1 - 4GVA6; 4G6DF; 4G6AUC; 4G6ERS; 4G6ADD; 4G6BER; 2G6OPH



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

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PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$2.99	\$7.00	\$8.66	\$11.09

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

This rate insert can only be used if the Group Policy has an effective date of 1/1/2018 or earlier.