

Group Voluntary Accident (GVAP6)

24-Hour Accident Insurance

from Allstate Benefits

See attached Important Information About Coverage.

Offered to the employees of:

Omaha Track

BENEFIT AMOUNTS

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

BASE POLICY BENEFITS	PLAN 1	PLAN 2
Initial Hospital Confinement (Pays once/year)	\$1,000	\$2,000
Daily Hospital Confinement (Pays daily)	\$200	\$400
Intensive Care (Pays daily)	\$400	\$800
RIDER BENEFITS	PLAN 1	PLAN 2
Accident Treatment and Urgent Care Rider		
Ambulance		
Ground	\$200	\$400
Air	\$600	\$1,200
Accident Physician's Treatment	\$100	\$200
X-ray	\$200	\$400
Urgent Care	\$100	\$200
Dislocation or Fracture Rider ¹	\$4,000	\$8,000
Emergency Room Services Rider	\$200	\$400
Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider	\$50.00	\$50.00
Accidental Death*, Dismemberment ¹ ,* and Functional Loss ¹ ,* Rider	\$40,000	\$60,000
Common Carrier Accidental Death (fare-paying passenger)	\$100,000	\$150,000

*Each benefit pays the amount shown. ¹Up 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.

BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2
Accident Follow-Up Treatment (Pays daily)		\$100	\$200
Lacerations		\$100	\$200
Burns	< 15% body surface	\$200	\$400
	> 15% or more	\$1,000	\$2,000
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis		\$600	\$1,200
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (Pays once/year)		\$100	\$200
Paralysis (Pays once)	Paraplegia	\$15,000	\$30,000
	Quadriplegia	\$30,000	\$60,000
Coma with Respiratory Assistance		\$20,000	\$40,000
Open Abdominal or Thoracic Surgery		\$2,000	\$4,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000	\$2,000
	Exploratory	\$300	\$600
Ruptured Spinal Disc Surgery		\$1,000	\$2,000
Eye Surgery		\$200	\$400
General Anesthesia		\$200	\$400
Blood and Plasma		\$600	\$1,200
Appliance		\$250.00	\$500.00
Medical Supplies		\$10.00	\$20.00
Medicine		\$10.00	\$20.00
Prosthesis	1 device	\$1,000	\$2,000
	2 or more devices	\$2,000	\$4,000
Physical, Occupational or Speech Therapy (Pays daily)		\$60	\$120
Rehabilitation Unit		\$200	\$400
Non-Local Transportation		\$500	\$1,000
Family Member Lodging		\$200	\$400
Post-Accident Transportation (Pays once/year)		\$400	\$800
Broken Tooth		\$200	\$400
Residence/Vehicle Modification		\$1,000	\$2,000
Pain Management (Epidural Injection)		\$100	\$200
Miscellaneous Outpatient Surgery		\$200	\$400

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$3.17	\$5.47	\$6.72	\$8.75
Monthly	\$13.70	\$23.68	\$29.12	\$37.90

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

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$5.44	\$9.40	\$11.71	\$15.07
Monthly	\$23.55	\$40.72	\$50.73	\$65.30

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

For Internal Home Office use only

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

Opt 2 - 4GVA6; 4G6DF; 4G6AUC; 4G6ERS; 3G6ADD; 4G6BER; 2G6OPH



For use in enrollments situated in: Nebraska. This rate insert is part of the approved flyer for Omaha Track and form ABJ29986-4 and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than August 23, 2017. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2016 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.