

ACCIDENT INSURANCE (GAI7)

Group Accident Insurance Benefits from Allstate Benefits

ACCIDENT FACILITY CARE			PLAN 1
Initial Hospital Admission			\$1,000
Daily Hospital Confinement (pays daily)			\$200
Intensive Care Unit Confinement (pays daily)			\$400
ACCIDENT INJURIES			PLAN 1
Brain Injury Diagnosis			\$600
Broken Tooth			\$200
Burns (% of body surface)	2nd Degree	Less than 10%	\$50
		10% to 24%	\$100
	3rd Degree	25% or more	\$500
		Less than 10%	\$200
	10% to 24%	\$1,000	
	25% or more	\$4,000	
Skin Graft (% of Burns Benefit)			50%
Coma			\$20,000
Lacerations	With Repair	Less than 2"	\$100
		(total length) 2" to 6"	\$250
	Without Repair	More than 6"	\$500
			\$100
Paralysis	1 or 2 Limbs		\$15,000
	3 or 4 Limbs		\$30,000
ACCIDENT TREATMENT AND URGENT CARE			PLAN 1
Accident Follow-Up Treatment (pays daily)			\$100
Accident Physician Treatment			\$100
Ambulance	Air		\$1,000
	Ground		\$200
Urgent Care			\$100
X-ray			\$200
Emergency Room Services			\$200
Blood, Plasma or Platelets			\$600
Eye Injury			\$200
General Anesthesia			\$200
Ligament, Rotator Cuff, Tendon or Knee Cartilage Surgery	With Repair		\$1,000
	Without Repair		\$300
Miscellaneous Outpatient Surgery			\$200
Open Abdominal or Thoracic Surgery			\$2,000
Ruptured or Herniated Disc Surgery			\$1,000
TREATMENT, SUPPORT AND RECOVERY			PLAN 1
Companion Non-Local Lodging (pays daily)			\$200
Medical Equipment			\$250
Medical Supplies			\$10
Medication			\$10
Non-Local Transportation (per trip; 3 times per accident)			\$500
Post-Accident Common Carrier Transportation			\$400
Prosthetic Device	1 device		\$1,000
	2 or more devices		\$2,000
Residence/Automobile Modification			\$1,000
Therapy (pays daily; up to 6 days per accident)			\$60
ACCIDENTAL DEATH AND DISMEMBERMENT			PLAN 1
Accidental Death			\$40,000
Common Carrier Accidental Death (fare-paying passenger)			\$100,000
Accidental Dismemberment [†]			\$40,000
Functional Loss [†]			\$40,000
OPTIONAL/ADDITIONAL RIDER			PLAN 1
Dislocation and Fracture [^]			
Closed Reduction Maximum			\$4,000
Open Reduction Maximum			\$12,000
Avulsion Fracture or Chip Fracture (25% of Closed Reduction)		up to	\$1,000
	Stress Fracture (10% of Closed Reduction)	up to	\$400
Outpatient Physician Treatment and Preventative Care (OPH) (pays daily)			\$50

[^]Up to amount shown; see Injury Benefit Schedule in this document. Multiple losses from the same injury pay up to the maximums shown above for each type of repair (Open or Closed Reduction).

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

WITH CLOSED or OPEN REDUCTION	PLAN 1	
	OPEN	CLOSED
DISLOCATION*		
Hip Joint	\$12,000	\$4,000

Benefits are paid once per covered person per covered accident, unless otherwise noted

PLAN 1 MONTHLY PREMIUMS

EE	EE + SP	EE + CH	F
\$15.67	\$27.11	\$35.35	\$45.58

EE = Employee; EE + SP = Employee + Spouse;
EE + CH = Employee + Child(ren); F = Family
Issue ages: 18 and Over if Actively at Work

[†]Up to amount shown; see Injury Benefit Schedule - Dismemberment and Functional Loss section in this document. Multiple losses from same injury pay up to amount shown.

Ankle Joint; Knee Joint (except Patella); Bone or Bones of the Foot (except Toes)	\$4,800	\$1,600	
Wrist Joint	\$4,200	\$1,400	
Elbow Joint	\$3,600	\$1,200	
Shoulder Joint	\$2,400	\$800	
Bone or Bones of the Hand (except Fingers); Collarbone	\$1,800	\$600	
Lower Jaw	\$1,200	\$400	
Two or more Fingers or Two or more Toes	\$840	\$280	
Kneecap (Patella)	\$600	\$200	
One Finger or One Toe or Any other dislocation not listed above	\$360	\$120	
FRACTURE*	OPEN	CLOSED	
Hip, Thigh (Femur); Pelvis (except Coccyx); Skull Fracture-Depressed (except Bones of the Face or Nose)	\$12,000	\$4,000	
Skull Fracture-Non-Depressed (except Bones of the Face or Nose)	\$11,400	\$3,800	
Vertebral Body or Vertebral Processes	\$9,000	\$3,000	
Arm, between Shoulder and Elbow (Humerus); Shoulder Blade (Scapula); Leg (Tibia or Fibula)	\$6,600	\$2,200	
Ankle; Kneecap (Patella); Collarbone (Clavical); Forearm (Radius or Ulna)	\$4,800	\$1,600	
Foot (except Toes); Hand or Wrist (except Fingers)	\$4,200	\$1,400	
Lower Jaw (Mandible) (except Alveolar Process)	\$2,400	\$800	
Two or more Ribs, Fingers or Toes; Bones of Face (except Nose); Nose; Upper Jaw (except Alveolar Process); Sternum	\$1,800	\$600	
One Rib, Finger or Toe; Coccyx; Any other fracture not listed above	\$840	\$280	

*Employee, Spouse and Children receive 100% of the benefit amounts listed.

DISMEMBERMENT AND FUNCTIONAL LOSS	PLAN 1	
Arm, Leg, Hand, Foot	\$20,000	
One or more entire Toes or Fingers	\$4,000	
Hearing or Sight (per Ear or Eye)	\$20,000	
Speech	\$40,000	

For Home Office Use Only Proposal P1708554639, Quote ACCMP1709018306, CL0

For use in enrollments situated in: AL. This rate insert is part of the approved brochure for Rate Insert AL 5 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 July 16, 2027, 3 years from the date the rate insert was produced.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2022 Allstate Insurance Company. www.allstate.com or allstatebenefits.com