

group accident insurance (off-the-job)

BASE ACCIDENT BENEFITS

		PLAN
Accidental Death*	Employee	\$60,000
	Spouse	\$30,000
	Child	\$15,000
Common Carrier Accidental Death*	Employee	\$300,000
	Spouse	\$150,000
	Child	\$75,000
Dismemberment ¹	Employee	up to \$60,000
	Spouse	up to \$30,000
	Child	up to \$15,000
Dislocation or Fracture ¹	Employee	up to \$6,000
	Spouse	up to \$3,000
	Child	up to \$1,500
Hospital Confinement ⁵		\$1,500
Daily Hospital Confinement ³		\$300
Intensive Care ³		\$600
Ambulance	Regular Ambulance	\$300
	Air Ambulance	\$900
Accident Physician Treatment*		\$150
X-ray*		\$300
Emergency Room Services*		\$300

BENEFIT ENHANCEMENTS

		PLAN
Lacerations ²		\$150
Burns*	< 15% of body surface	\$300
	> 15% or more	\$1,500
Skin Graft (% of Burns Benefit)*		50%
Brain Injury Diagnosis ⁴		\$450
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) ⁵		\$150
Paralysis ⁴	Paraplegia	\$22,500
	Quadriplegia	\$45,000
Coma with Respiratory Assistance ⁴		\$30,000
Open Abdominal or Thoracic Surgery ⁶		\$3,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery ⁶	\$1,500
	Exploratory	\$450
Ruptured Disc Surgery ⁶		\$1,500
Eye Surgery*		\$300
General Anesthesia		\$300
Blood and Plasma*		\$900
Appliance*		\$375
Medical Supplies*		\$15
Medicine*		\$15
Prosthesis*	One Device	\$1,500
	Two or More	\$3,000
Physical Therapy ⁷		\$90
Rehabilitation Unit ¹⁰		\$300
Non-Local Transportation ⁸		\$1,200
Family Member Lodging ⁹		\$300
Post-Accident Transportation ²		\$600
Accident Follow-Up Treatment ¹¹		\$150
		PLAN
Outpatient Physician's Benefit ¹²		\$100

*Benefits are payable once/covered accident/covered person

¹based on amounts shown in the Injury Benefit Schedule on reverse

²once/covered person/year

³per day, max. 90 days

⁴payable once/covered person

⁵payable once/covered person/accident/year

⁶2 or more procedures through same entry point are considered 1 operation

⁷per day, max. 6 treatments/accident/covered person

⁸per trip, max. 3 times/accident

⁹per day, max. 30 days

¹⁰per day, max. 30 days/covered person/confinement, max. 60 days/year

¹¹per day, max. 2 treatments/accident/covered person

¹²per visit, max. 2 visits/year, 4 if dependents are covered



Allstate
BENEFITS

injury benefit schedule

Benefit amounts for coverage and one occurrence are shown below.
Covered spouse gets 50% of the amounts shown and children 25%.

LOSS OF LIFE OR LIMB

	PLAN
Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$60,000
One eye, hand, arm, foot, or leg	\$30,000
One or more entire toes or fingers	\$6,000

COMPLETE DISLOCATION

	PLAN
Hip joint	\$6,000
Knee or ankle joint*, bone or bones of the foot*	\$2,400
Wrist joint	\$2,100
Elbow joint	\$1,800
Shoulder joint	\$1,200
Bone or bones of the hand*, collarbone	\$900
Two or more fingers or toes	\$420
One finger or toe	\$180

COMPLETE, SIMPLE OR CLOSED FRACTURE

	PLAN
Hip, thigh (femur), pelvis**	\$6,000
Skull**	\$5,700
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$3,300
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$2,100
Foot**, hand or wrist**	\$2,100
Lower jaw**	\$1,200
Two or more ribs, fingers or toes, bones of face or nose	\$900
One rib, finger or toe, coccyx	\$420

*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).

premiums - low plan

MODE	EE	EE + SP	EE + CH	F
Weekly	\$3.93	\$5.71	\$7.96	\$9.97
Bi-Weekly	\$7.86	\$11.42	\$15.92	\$19.94
Semi-Monthly	\$8.52	\$12.37	\$17.24	\$21.59

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

Issue Ages: 18 and over if Actively at Work

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