

Group Voluntary Accident (GVAP6)

24-Hour Accident Insurance from Allstate Benefits

Offered to the employees of:
Unimex Trade & Logistics, LLC

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFIT		PLAN 1
Initial Hospital Confinement (pays once/year)		\$1,500
Daily Hospital Confinement (pays daily)		\$300
Intensive Care (pays daily)		\$600
RIDER BENEFITS		PLAN 1
Accident Treatment & 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		\$6,000
Emergency Room Services Rider		\$400
Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider (OPH) (pays daily)		\$50
Accidental Death [*] , Dismemberment ^{1,*} and Functional Loss ^{1,*} Rider		\$80,000
Common Carrier (fare-paying passenger)		\$200,000
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
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 (pays daily)		\$400
Non-Local Transportation		\$1,000
Family Member Lodging (pays daily)		\$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

*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.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$5.78	\$9.99	\$12.18	\$15.97
Monthly	\$25.03	\$43.28	\$52.75	\$69.18

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse;

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

Injury Benefit Schedule is on reverse

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	PLAN 1
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 1
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)	\$2,400
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
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 HOME OFFICE USE ONLY - GVAP6

Opt 1 - 3.0U Base; 3.0U D/F 100%CH; 4.0U AUC; 4.0U ERS; 4.0U ADD; 4.0U BER; 2.0U OPH; 24 Hour

ABQ V 07.06.2021 RE V 06.03.2020



For use in enrollments situated in: TX. This rate insert is part of the approved brochure for Unimex Trade & Logistics, LLC and is not to be used on its own.

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