

Group Voluntary Accident (GVAP2)

Off-the-Job Accident Insurance

from Allstate Benefits

See attached Important information About Coverage.

Offered to the employees of:

RedSail Technologies, LLC

BENEFIT AMOUNTS

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

BASE ACCIDENT BENEFITS		PLAN 1	PLAN 2
Accidental Death	Employee	\$40,000	\$60,000
	Spouse	\$20,000	\$30,000
	Children	\$10,000	\$15,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$200,000	\$300,000
	Spouse	\$100,000	\$150,000
	Children	\$50,000	\$75,000
Dismemberment ¹	Employee	\$40,000	\$60,000
	Spouse	\$20,000	\$30,000
	Children	\$10,000	\$15,000
Dislocation or Fracture ¹	Employee	\$4,000	\$6,000
	Spouse	\$2,000	\$3,000
	Children	\$1,000	\$1,500
Hospital Confinement	(Pays once/year)	\$1,000	\$1,500
Daily Hospital Confinement	(Pays daily)	\$200	\$300
Intensive Care	(Pays daily)	\$400	\$600
Ambulance	Ground	\$200	\$300
	Air	\$600	\$900
Accident Physician's Treatment		\$100	\$150
X-Ray		\$200	\$300
Emergency Room Services		\$200	\$300

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 ENHANCEMENTS		PLAN 1	PLAN 2
Lacerations ² (Pays once/year)		\$100	\$150
Burns ² (other than sunburns)	< 15% body surface	\$200	\$300
	> 15% or more	\$1,000	\$1,500
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis ² (Pays once)		\$300	\$450
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)		\$100	\$150
Paralysis ² (Pays once)	Paraplegia	\$15,000	\$22,500
	Quadriplegia	\$30,000	\$45,000
Coma with Respiratory Assistance (Pays once)		\$20,000	\$30,000
Open Abdominal or Thoracic Surgery ²		\$2,000	\$3,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000	\$1,500
	Exploratory	\$300	\$450
Ruptured Spinal Disc Surgery		\$1,000	\$1,500
Eye Surgery		\$200	\$300
General Anesthesia		\$200	\$300
Blood and Plasma ²		\$600	\$900
Appliance		\$250	\$375
Medical Supplies		\$10	\$15
Medicine		\$10	\$15
Prosthesis	1 device	\$1,000	\$1,500
	2 or more devices	\$2,000	\$3,000
Physical Therapy (Pays daily; max. 6 days/accident)		\$60	\$90
Rehabilitation Unit (Pays daily)		\$200	\$300
Non-Local Transportation		\$800	\$1,200
Family Member Lodging		\$200	\$300
Post-Accident Transportation (Pays once/year)		\$400	\$600
Accident Follow-Up Treatment		\$100	\$150
ADDITIONAL RIDER BENEFIT		PLAN 1	PLAN 2
Outpatient Physician's Treatment for Accident and Preventative Care Benefit Rider		\$50	\$50

²Within 3 days after accident.

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

Covered spouse gets 50% of the amounts shown and children 25%.

COMPLETE DISLOCATION	PLAN 1	PLAN 2
Hip joint	\$4,000	\$6,000
Knee or ankle joint [▲] , bone or bones of the foot [▲]	\$1,600	\$2,400
Wrist joint	\$1,400	\$2,100
Elbow joint	\$1,200	\$1,800
Shoulder joint	\$800	\$1,200
Bone or bones of the hand [▲] , collarbone	\$600	\$900
Two or more fingers or toes	\$280	\$420
One finger or toe	\$120	\$180
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1	PLAN 1
Hip, thigh (femur), pelvis ⁺⁺	\$4,000	\$6,000
Skull ⁺⁺	\$3,800	\$5,700
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200	\$3,300
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600	\$2,400
Foot ⁺⁺ , hand or wrist ⁺⁺	\$1,400	\$2,100
Lower jaw ⁺⁺	\$800	\$1,200
Two or more ribs, fingers or toes, bones of face or nose	\$600	\$900
One rib, finger or toe, coccyx	\$280	\$420
LOSS OF LIFE OR LIMB	PLAN 1	PLAN 2
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000	\$60,000
One eye, hand, arm, foot, or leg	\$20,000	\$30,000
One or more entire toes or fingers	\$4,000	\$6,000

[▲] 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).

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$6.26	\$9.18	\$12.63	\$15.79

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

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$8.64	\$12.75	\$17.39	\$21.74

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

For Internal Home Office use only

Opt 1 - 2.0U Base; 2.0U Ber; 2.0U OPH

Opt 2 - 3.0U Base; 3.0U Ber; 2.0U OPH



Use in enrollments situated in: NC. This rate insert is part of the approved flyer for JM Smith Corporation and form ABJ29987-3; it is not to be used on its own.

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