

Group Voluntary Accident (GVAP1)

On- and Off-the-Job Accident Insurance from Allstate Benefits

BENEFIT AMOUNTS

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

BASE POLICY BENEFITS		PLAN 1	PLAN 2
Accidental Death	Employee	\$40,000	\$40,000
	Spouse	\$20,000	\$20,000
	Children	\$10,000	\$10,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$200,000	\$200,000
	Spouse	\$100,000	\$100,000
	Children	\$50,000	\$50,000
Dismemberment ¹	Employee	\$40,000	\$40,000
	Spouse	\$20,000	\$20,000
	Children	\$10,000	\$10,000
Dislocation or Fracture ¹	Employee	\$4,000	\$4,000
	Spouse	\$2,000	\$2,000
	Children	\$1,000	\$1,000
Initial Hospitalization Confinement (pays once)		\$1,000	\$1,000
Hospital Confinement (pays daily)		\$200	\$200
Intensive Care (pays daily)		\$400	\$400
Ambulance Services	Ground	\$200	\$200
	Air	\$600	\$600
Medical Expenses (pays up to amount shown)		\$500	\$500
Outpatient Physician's Treatment (pays per visit)		\$50.00	\$50.00
BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2
Hospital Admission (pays once/year)		N/A	\$1,000
Lacerations (pays once/year)		N/A	\$100
Burns	< 15% body surface	N/A	\$200
	15% or more	N/A	\$1,000
Skin Graft (% of Burns Benefit)		N/A	50%
Brain Injury Diagnosis (pays once)		N/A	\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/accident/year)		N/A	\$100
Paralysis (pays once)	Paraplegia	N/A	\$15,000
	Quadriplegia	N/A	\$30,000
Coma with Respiratory Assistance (pays once)		N/A	\$20,000
Open Abdominal or Thoracic Surgery		N/A	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	N/A	\$1,000
	Exploratory	N/A	\$300
Ruptured Disc Surgery		N/A	\$1,000
Eye Surgery		N/A	\$200
General Anesthesia		N/A	\$200
Blood and Plasma		N/A	\$600
Appliance		N/A	\$250
Medical Supplies		N/A	\$10
Medicine		N/A	\$10
Prosthesis	1 device	N/A	\$1,000
	2 or more devices	N/A	\$2,000
Physical Therapy (pays daily)		N/A	\$60
Rehabilitation Unit (pays daily)		N/A	\$200
Non-Local Transportation		N/A	\$800
Family Member Lodging (pays daily)		N/A	\$200
Post-Accident Transportation (pays once/year)		N/A	\$400
Accident Follow-Up Treatment (pays daily)		N/A	\$100

¹Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

Offered to the employees of:

Crowley Maritime Corp

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$7.76	\$14.44	\$15.93	\$19.64
Monthly	\$15.52	\$28.88	\$31.86	\$39.28

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$10.23	\$19.43	\$20.92	\$25.25
Monthly	\$20.46	\$38.85	\$41.83	\$50.49

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

FOR HOME OFFICE USE ONLY - GVAP1

Opt 1 - 2.0U Base

Opt 2 - 2.0U Base; 2.0U BER

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INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

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

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

³Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ⁴Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).



For use in enrollments situated in: IX. This rate insert is part of the approved brochure for Crowley Maritime Corp or form ABJ2997-5; it is not to be used on its own.

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