

Group Voluntary Accident (GVAP6)

24-Hour Accident Insurance from American Heritage Life Insurance Company

Benefit Amounts

Benefits are paid once per accident unless otherwise noted here

Base Policy Benefit		Plan 1
Initial Hospital Confinement (pays once/year)		\$1,250
Daily Hospital Confinement (pays daily)		\$250
Intensive Care (pays daily)		\$500
Rider Benefits		Plan 1
Accident Treatment and Urgent Care Rider		
Ambulance	Ground	\$200
	Air	\$600
Accident Physician's Treatment		\$100
X-ray		\$200
Urgent Care		\$100
Dislocation/Fracture Rider ¹		\$7,000
Emergency Room Services Rider		\$250
Accidental Death, Dismemberment ¹ and Functional Loss ¹ Rider		\$50,000
Common Carrier Accidental Death (fare-paying passenger)		\$125,000
Benefit Enhancement Rider		Plan 1
Accident Follow-Up Treatment (pays daily)		\$100
Lacerations		\$100
Burns	< 15% body surface	\$200
	15% or more	\$1,000
Skin Graft (% of Burns Benefit)		50%
Brain Injury Diagnosis		\$600
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		\$100
Paralysis (pays once per lifetime)	Paraplegia	\$15,000
	Quadriplegia	\$30,000
Coma with Respiratory Assistance		\$20,000
Open Abdominal or Thoracic Surgery		\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000
	Exploratory	\$300
Ruptured Spinal Disc Surgery		\$1,000
Eye Surgery		\$200
General Anesthesia		\$200
Blood and Plasma		\$600
Appliance		\$250
Medical Supplies		\$10.00
Medicine		\$10.00
Prosthesis	1 device	\$1,000
	2 or more devices	\$2,000
Physical, Occupational or Speech Therapy (pays daily)		\$60
Rehabilitation Unit (pays daily)		\$200
Non-Local Transportation (pays up to three times per accident)		\$500
Family Member Lodging (pays daily)		\$200
Post-Accident Transportation (pays once/year)		\$400
Broken Tooth		\$200
Residence/Vehicle Modification		\$1,000
Pain Management (Epidural Injection)		\$100
Miscellaneous Outpatient Surgery		\$200

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:
Summit School District RE-1

Plan 1 Premiums

Mode	EE	EE + SP	EE + CH	F
Monthly	\$9.10	\$15.73	\$20.58	\$24.61

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	\$7,000
Knee or ankle joint [^] , bone or bones of the foot [^]	\$2,800
Wrist joint	\$2,450
Elbow joint	\$2,100
Shoulder joint	\$1,400
Bone or bones of the hand [^] , collarbone	\$1,050
Two or more fingers or toes	\$490
One finger or toe	\$210
Complete, Simple Or Closed Fracture*	Plan 1
Hip, thigh (femur), pelvis ^{^^}	\$7,000
Skull ^{^^}	\$6,650
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$3,850
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$2,800
Foot ^{^^} , hand or wrist ^{^^}	\$2,450
Lower jaw ^{^^}	\$1,400
Two or more ribs, fingers or toes, bones of face or nose	\$1,050
One rib, finger or toe, coccyx	\$490
Loss	Plan 1
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$50,000
One eye, hand, arm, foot, or leg	\$25,000
One or more entire toes or fingers	\$5,000

[^] 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 - GVAP6A
Opt 1 - 2.5U Base; 3.5U D/F; 2.0U AUC; 2.5U ERS; 2.5U ADD; 2.0U BER; 24 Hour

Quote Pro V 09.19.2025 RE V 06.03.2020

For use in enrollments sitused in: CO. This rate insert is part of the approved brochure for Summit School District RE-1 and is not to be used on its own.

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