



The Allstate **Group Accident Plan***

*See brochure for complete details and exclusions

	Annual Premium	Annual "Pre-tax" Premium	Less Office Visits \$100 each	"Net" Annual Premium
Employee Only	\$259.56	\$194.64	-\$100.00 (\$50x2)	\$94.64
Emp + Spouse	\$448.44	\$336.36	-\$200.00 (\$50x4)	\$136.36
Emp + Child(ren)	\$671.28	\$503.52	-\$200.00 (\$50x4)	\$303.52
Emp + Family	\$887.16	\$665.40	-\$200.00 (\$50x4)	\$465.40

Office Visit Benefits: \$50.00 each

2 visits per person, max 4 per family each *calendar* year

Can be used for any office visit to include:

Dentist, Eye doctor, Chiropractor, Wellness visit, Illness visit

New visits every January 1st

****Accidental Injury Benefit Examples:**

No limit on number of accident claims

Poison Ivy Accident:	\$200+
Foreign Body in Eye	\$600+
Broken Leg Accident:	\$9,475
Accidental Death:	\$80,000

ENROLL TODAY!

Submit completed enrollment forms via email or fax to:

Boston Benefits Group - Hartville Service Office

Phone: 330.877.0328

Toll Free Fax: 877.711.9987

Email: officemanager.bbg@gmail.com

Mail: 1275 Maple Street West
Hartville, Ohio 44632

*GVAP6 Adjusted \$50 OH 4 units

** Examples of claims paid not a guarantee of benefits / must include proper medical documentation