

**What if you
or a family
member were
hospitalized
tomorrow...**

could you pay for out-of-pocket expenses associated
with a hospital stay, plus cover daily living expenses?



CAR



GROCERIES



BILLS



PRESCRIPTIONS

Benefit coverage for

Pasco County Schools

Group Indemnity Medical 2

Helps you pay for out-of-pocket medical expenses
associated with hospital confinements, other
medical procedures and/or visits

Group Indemnity Medical coverage from Allstate Benefits provides cash benefits
for hospital stays, surgery, diagnostics and X-rays, transportation, plus more, and
can help cover them as they happen.



Allstate
BENEFITS

group indemnity medical insurance

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. Having the right coverage in place to help when a sickness or injury occurs can help eliminate your financial concerns and provide support at a time when it is needed most.

Our coverage helps offer peace of mind when a hospitalization occurs. Below is an example of how benefits are paid in the event you or a covered family member are hospitalized.*



Jane chooses benefit coverage under her **Employer Approved Plan**



Three years later, Jane's on a summer cycling vacation when she falls and breaks her foot in four places. She suffers bruising and swelling of her head and left leg.

Jane is taken by ambulance to the nearest hospital emergency room where she is admitted to intensive care for trauma to her head.

Two days later, Jane is released from intensive care and moved to a regular hospital room, where she undergoes surgery on her foot. She is visited by a doctor during her stay. Two days later Jane is released and the doctor prescribes medications to aid in her recovery and help with her pain.

Jane's coverage provided the following benefits:

Outpatient Emergency Treatment	\$ 50
First Day Hospital Confinement	\$650
Daily Hospital Confinement	\$ 600
Hospital Intensive Care	\$ 400

Total Benefits: \$1,700



*The example shown may vary from the plan your employer is offering. Your individual experience may also vary.

meeting your needs

Our Indemnity Medical coverage helps offer peace of mind when in- or out-of-hospital treatment is needed.

- Coverage that is Guaranteed Issue; there are no medical exams or tests to take
- Affordable premiums
- Coverage for employee, employee + spouse/domestic partner, employee + child(ren) and family
- Benefits paid directly to you, unless you assign them to someone else
- Benefits include hospitalization due to Pregnancy
- Portability. If you leave your job, you can take the coverage with you as long as you make payments to Allstate Benefits

your benefit coverage†

First Day Hospital Confinement - Pays a benefit for the first day of a hospital stay. Payable once for each confinement, up to once every 30 days. Not paid for a newborn child's initial confinement after birth.

Daily Hospital Confinement - Pays a benefit for each day you are hospital confined, up to day 30 per hospital stay. Not paid for any day the First Day Hospital Confinement benefit is paid.

Hospital Intensive Care - Pays a benefit for each day you are confined in a hospital intensive-care unit. The maximum number of days for each confinement is 30. Pays in addition to the First Day Hospital Confinement and Daily Hospital Confinement benefits.

Ambulatory Surgical Center - Pays a benefit for each day you have surgery at an ambulatory surgical center. Not paid for any day the Outpatient Emergency Treatment benefit is paid.

Outpatient Emergency Treatment - Pays a benefit for each day you receive medical treatment in an emergency treatment center. Not paid for any day the Ambulatory Surgical Center benefit is paid.

Outpatient Physician's Treatment - Pays a benefit for each day you receive physician treatment outside a hospital.

†Benefit amounts are shown on page 2a. See page 4 for limits and conditions and state variations.

You are taken to the
Emergency Room



The ER doctor admits you to
the hospital for a 2-day stay



You get paid
cash benefits

Fixed Wellness - Pays a daily benefit, once per year, if you receive one of the following:

- Biopsy for skin cancer
- Blood test for triglycerides
- Bone Marrow Testing
- CA15-3, CA125, CEA and PSA (blood tests for breast, ovarian, colon and prostate cancer)
- Chest X-ray
- Colonoscopy
- Doppler screenings for carotids and peripheral vascular disease
- Echocardiogram
- EKG (Electrocardiogram)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- HPV Vaccination (Human Papillomavirus)
- Lipid panel (total cholesterol count)
- Mammography, including Breast Ultrasound
- Pap Smear, including ThinPrep Pap Test
- Serum Protein Electrophoresis (test for myeloma)
- Stress test on bike or treadmill
- Thermography
- Ultrasound screening for abdominal aortic aneurysms

Not paid for any day the Fixed Outpatient Diagnostic X-ray and Laboratory benefit is paid.

Fixed Outpatient Diagnostic X-ray and Laboratory - Pays a benefit for each day an X-ray or Laboratory test is performed inside or outside the hospital on an outpatient basis to diagnose an injury or sickness. Not paid for any day the Fixed Wellness benefit is paid.

optional benefits

Variable Surgical Schedule - Pays the amount shown in the Surgical Schedule* for each day you have surgery in a hospital or ambulatory surgical center.

Anesthesia - Pays 25% of the Variable Surgical Schedule benefit.

Inpatient Physician's Treatment - Pays a daily benefit for physician services (other than a surgeon) when hospital confined. The maximum number of days for each confinement is 30.

Ambulance - Pays a benefit for each day you are transported, by ground or air, to an emergency treatment center or hospital by a licensed ambulance.

Non-Local Transportation - Pays a benefit the first day of confinement for treatment in a non-local hospital. Payable once for each confinement, with 24 hours between each hospital stay.

*See the full schedule located under the Benefit Information section in the certificate; ask your benefits representative for details.

certificate specifications

Conditions and Limits - We pay benefits as stated while coverage is in force. **Treatment must be received in the United States or its territories.**

Your Eligibility - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination - (a) Coverage may include you, your spouse or domestic partner, your children, and your domestic partner's children. (b) Coverage for children ends upon your death or when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce or your death. (d) Domestic partner coverage ends upon termination of domestic partnership or your death.

When Coverage Ends - Coverage under the policy ends on the earliest of: (a) the date the policy is canceled; (b) the last day of the period for which you made any required contributions; (c) the last day of the month you are in active employment or membership, except as provided under the "Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence" provision; (d) the date you are no longer in an eligible class; (e) the date your class is no longer eligible; (f) upon discovery of fraud or material misrepresentation when filing for a claim.

Portability - Coverage may be continued when coverage under the policy ends.

Pre-Existing Condition - We do not pay benefits due to a pre-existing condition, if the loss occurs during the first 12 months of coverage. A pre-existing condition is a condition for which: medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over-the-counter medications were taken or treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective; or symptoms existed within the 12 months prior to the effective date, or the date an increase in benefits would be effective.

Exclusions - Benefits are not paid for: (a) injury or sickness incurred before the effective date; (b) any act of war, participation in a riot, insurrection or rebellion; (c) suicide or attempt at suicide; (d) engaging in an illegal occupation or committing or attempting an assault or felony; (e) cosmetic dentistry or plastic surgery, except to treat an injury or correct a disorder of normal body function; (f) intentionally self-inflicted injuries; (g) confinement that begins before the effective date of coverage; (h) the reversal of a tubal ligation or vasectomy; (i) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing,

medications or physician services, unless required by law; (j) participation in aeronautics (including parachuting and hang gliding) unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports; (k) a newborn child's routine nursing or well-baby care during the initial confinement in the hospital; (l) driving in any race or speed test or testing any motorized vehicle on any racetrack or speedway; (m) mental or nervous disorders; or (n) alcoholism, drug addiction or dependence upon any controlled substance.

STATE VARIATIONS

Florida (changes affect pages 2 and 4) - In the **Portability** bullet, add to the end: and the policy remains in force. In the **Portability** paragraph, add to the end: Portability coverage ends when the group policy terminates.



EMERGENCY

Don't wait for a sign...

Emergency situations come up at any time

A sickness or injury that leads to hospitalization, surgery or emergency treatment can be costly, especially if you are not financially prepared. Your current medical coverage will help pay for the associated expense, but won't cover all of the out-of-pocket expenses you may face. Don't wait until you are rushed by ambulance to the emergency room to realize you need more protection.

Budget friendly

Sometimes, receiving in- or out-of-the-hospital treatment can be difficult if money is tight. We can help by providing you with additional coverage that can fit your needs and work within your budget.



Let our insurance help cover expenses for in and out of hospital treatments. It's the financially smart thing to do!

It's never too early to prepare for the future.

This material is valid as long as information remains current, but in no event later than July 1, 2016.

Benefits provided by policy form GVSP2, or state variations thereof.

Coverage is provided by limited benefit insurance.

This is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This brochure highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits representative. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

This coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

This brochure is for use in the Pasco County Schools enrollments which are situated in: FL



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2015 Allstate Insurance Company.
www.allstate.com or allstatebenefits.com.

group indemnity medical insurance

	PLAN 1	PLAN 2
First Day Hospital Confinement (once per confinement, per 30 days)	\$650	\$1,450
Daily Hospital Confinement (daily) ¹	\$200	\$450
Hospital Intensive Care (daily) ²	\$200	\$450
Variable Surgical Schedule (daily) (varies by surgery) ³	N/A	\$100 - \$4,000
Ambulatory Surgical Schedule (daily) ^{3,4}	\$50	\$50
Anesthesia (% of Surgical Schedule)	N/A	25%
Inpatient Physician's Treatment (daily) ³	N/A	\$75
Outpatient Emergency Treatment (daily) ^{3,4}	\$50	\$100
Outpatient Physician's Treatment (daily) ^{3,5}	\$50	\$75
Fixed Wellness (daily) ⁶	\$50	\$100
Fixed Outpatient Diagnostic X-ray and Laboratory (daily) ⁷	\$50	\$100
Ambulance (daily) ^{3,7}		
Ground	N/A	\$100 - \$200
Air	N/A	\$200 - \$400
Non-Local Transportation (daily)	N/A	\$50

¹Not paid for any day the First Day Hospital Confinement benefit is paid. ²Pays in addition to the First Day Hospital Confinement and Daily Hospital Confinement benefits. ³Pays once per day per covered person. ⁴Limited to 2 days per covered person, per coverage year. ⁵Limited to 5 days per covered person, per coverage year; and a max. of 10 days per coverage year if individual and spouse, individual and children or individual + one coverage; or a max. of 15 days per coverage year if family coverage. ⁶Pays once per day, per covered person per coverage year. ⁷Limited to 3 days per covered person, per coverage year.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$19.37	\$42.06	\$33.48	\$47.78
20 th Pay Mode	\$23.24	\$50.47	\$40.17	\$57.33
Monthly	\$38.74	\$84.11	\$66.95	\$95.55

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$40.30	\$88.66	\$69.75	\$100.36
20 th Pay Mode	\$48.36	\$106.39	\$83.69	\$120.43
Monthly	\$80.60	\$177.32	\$139.49	\$200.72

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family
Issue Ages: 18 and over if Actively at Work

This insert is for use in the Pasco County Schools enrollments situated in: FL:

This insert is part of brochure ABJ30904X and is not to be used on its own. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2015 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.



Group Hospital Indemnity (GIM2)

Important Information About Coverage

Provides details of base policy coverage in all states. State-specific information is noted when it varies from the standard. Below is a list of base policy benefits available with Group Hospital Indemnity coverage. Please refer to your employer-chosen plan for the specific items that apply to your coverage. You will receive a certificate that details the certificate specifications for the coverage you purchased.

Group Hospital Indemnity Issue ages are 18 and over if Actively at Work.

Benefit Specifications (see Benefit Amounts)

First Day Hospital Confinement - Payable once for each continuous confinement, with 24 hours between each hospital stay. Not paid for a newborn child's initial confinement after birth. This benefit is not payable for normal pregnancy or complications of pregnancy (if applicable to your coverage).

AR, ID, IN, IA, KS, NH, NJ, NM, OK - The sentence regarding a newborn child's initial confinement is deleted.

AR, ID, IN, IA, KS, MO, NH, NJ, NC, OK, TN, TX - The last sentence is deleted.

Daily Hospital Confinement - Not paid for any day the First Day Hospital Confinement Benefit is paid.

Hospital Intensive Care - Pays in addition to the First Day Hospital Confinement and Daily Hospital Confinement benefits.

NH - This benefit is not available.

Conditions, Limitations and Exclusions Affecting Your Benefits

Conditions and Limits

Most States - We pay benefits as stated for service and treatment received by the covered person while coverage is in force, for sickness or injury. Hospital room and board charges must be incurred for benefits to be payable. **Treatment must be received in the United States or its territories.**

NH - We pay benefits for confinement, service and medical care of the covered person while coverage is in force, for sickness or injury. Hospital room and board charges must be incurred for benefits to be payable. **Confinement, care or services must be received in the United States or its territories.**

NJ - We pay benefits as stated for service and treatment received by the covered person while coverage is in force, for sickness or injury. **Treatment must be received in the United States or its territories.**

TX - The last sentence is replaced with: **Treatment must be received in the United States or its territories, except in the case of an emergency.**

Your Eligibility

All States - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination

(a) Coverage may include you, your spouse or domestic partner, and children.

HI - Coverage may include you, your spouse or domestic partner, children and certified reciprocal beneficiary.

ID - Coverage may include you, your spouse and children.

DC, NJ, RI - Coverage may include you, your spouse, civil union partner, or domestic partner, and children.

Dependent Eligibility/Termination (continued)

(b) Coverage for children ends upon your death or when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

IL - Coverage for children ends upon your death or when the child reaches age 26 (30 if a military veteran who is an Illinois resident), unless he or she continues to meet the requirements of an eligible dependent.

MA - Coverage for children ends upon your death or the earlier of when the child reaches age 26 or 2 years following loss of dependent status under the Internal Revenue Code, unless he or she continues to meet the requirements of an eligible dependent.

PA - The following is added: Coverage will not terminate due to age on a child who was a full-time student and whose studies were interrupted by active duty service in the military.

(c) Spouse coverage ends upon valid decree of divorce or your death.

NJ, RI - spouse or civil union partner coverage ends upon valid decree of divorce or your death.

(d) Domestic partner coverage ends upon termination of domestic partnership or your death.

DC - civil union partner or domestic partner coverage ends upon termination of civil union or domestic partnership or your death.

ID - (d) is deleted.

When Coverage Ends

Coverage under the policy ends on the earliest of:

(a) the date the policy is canceled;

(b) the last day of the period for which you made any required contributions;

(c) the last day you are in active employment or a member in an association, labor union or other entity, except as provided under the "Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence" provision;

ME, NH, ND, TX - last day you are in active employment except as provided under the Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence provision.

(d) the date you are no longer in an eligible class;

(e) the date your class is no longer eligible;

(f) upon discovery of fraud or material misrepresentation when filing for a claim.

CT - upon discovery of material misrepresentation when filing for a claim.

NE - upon discovery of fraud or intentional misrepresentation when filing for a claim.

NC - (f) is deleted.

(g) GA ONLY - the date you request to discontinue coverage.

Portability Privilege

Coverage may be continued under the Portability Provision when coverage under the policy ends.

FL - The following is added: Portability coverage ends when the group policy terminates.

OR - **Portability Privilege** is replaced with: **Extension of Coverage** - Coverage may be continued under the Extension of Coverage provision when coverage under the policy ends.

NJ - **Portability Privilege** is replaced with: **Conversion Privilege** - If coverage terminates for any reason other than non-payment of premiums, the covered person can convert to an individual policy without evidence of insurability. This may also apply to a dependent whose coverage terminates.

Pre-Existing Condition Limitation (if applicable to your coverage)

We do not pay benefits due to a pre-existing condition, if the loss occurs during the first 12 months of coverage. A pre-existing condition is a condition for which: medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over-the-counter medications were taken or treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective; or symptoms existed within the 12 months prior to the effective date, or the date an increase in benefits would be effective.

CA - We do not pay benefits due to a pre-existing condition, if the loss occurs during the first 12 months of coverage. A pre-existing condition is a condition for which medical treatment, care or services were received in the 12 months prior to the effective date or the date an increase in benefits would be effective.

CT, VA - We do not pay benefits due to a pre-existing condition, if the loss occurs during the first 12 months of coverage. A pre-existing condition is a condition for which medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over-the-counter medications were taken or treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective.

ID, SD - We do not pay benefits due to a pre-existing condition, if the loss occurs during the first 12 months of coverage. A pre-existing condition is a condition for which medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over-the-counter medications were taken or treatment recommendations were followed in the 6 months prior to the effective date or the date an increase in benefits would be effective.

IN, NJ - We do not pay benefits due to a pre-existing condition, if the loss occurs during the first 12 months of coverage. A pre-existing condition is a condition for which medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over-the-counter medications were taken or treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective.

NH - The **Pre-Existing Condition Limitation** paragraph is deleted.

NV - We do not pay benefits due to a pre-existing condition, if the loss occurs during the first 12 months of coverage. A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended or received in the 6 months prior to the effective date or the date an increase in benefits would be effective.

Pre-Existing Condition Limitation (if applicable to your coverage) (continued)

NC - We do not pay benefits due to a pre-existing condition, if the loss occurs during the first 12 months of coverage. A pre-existing condition is a condition for which medical treatment, consultation, care or services were received, or treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective.

ND - We do not pay benefits due to a pre-existing condition, if the loss occurs during the first 12 months of coverage. A pre-existing condition is a condition for which medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, or treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective.

PA - We do not pay benefits due to a pre-existing condition, if the loss occurs during the first 12 months of coverage. A pre-existing condition is a condition for which medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over-the-counter medications were taken or treatment recommendations were followed in the 3 months prior to the effective date or the date an increase in benefits would be effective.

PR - We do not pay benefits due to a pre-existing condition, if the loss occurs during the first 8 months of coverage. A pre-existing condition does not include a condition admitted on the application. A pre-existing condition is a condition for which: medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over-the-counter medications were taken or treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective, or symptoms existed within the 12 months prior to the effective date, or the date an increase in benefits would be effective.

Exclusions

Benefits are not paid for:

(a) (if applicable to your coverage) injury or sickness incurred before the effective date;

ID - injury or sickness incurred or confinement beginning before the effective date.

NH - (a) is deleted

(b) any act of war, participation in a riot, insurrection or rebellion;

CT - any act of war, participation in an insurrection or rebellion.

PA - any act of war, participation in a riot or insurrection.

ID - any act of war, participation in a riot or rebellion.

TX - any act of war, during military service, participation in a riot, insurrection or rebellion.

MD - any act of war.

NC - any act of war, active participation in a riot, insurrection or rebellion.

UT - any act of war, voluntary participation in a riot, insurrection or rebellion.

OK - participation in a riot, insurrection or rebellion.

WA - any act of war, voluntary participation in a riot or insurrection.

(c) suicide or attempt at suicide;

CO, MO - suicide or attempt at suicide, while sane.

Exclusions (Continued)

(d) engaging in an illegal occupation or committing or attempting an assault or felony;

CA - engaging in an illegal occupation or committing or attempting an illegal occupation or felony.

OK - engaging in an illegal occupation or committing or attempting a felony.

CT - committing or attempting to commit an assault or felony.

TX - committing or attempting a felony.

ID - engaging in an illegal occupation or participating in a felony.

UT - voluntarily engaging in an illegal occupation or committing or attempting an assault or felony.

MD - (d) is deleted.

WA - committing a felony.

NE, NH - engaging in an illegal occupation or committing or attempting a felony.

WI - participating in illegal activities or engaging in an illegal occupation that results in conviction of a felony.

NJ - injuries where the contributing cause was engagement in an illegal occupation or committing or attempting a felony.

(e) cosmetic dentistry or plastic surgery, except to treat an injury or correct a disorder of normal body function;

CA - cosmetic dentistry or plastic surgery, except to treat an injury, correct a disorder of normal body function, or restore symmetry after a mastectomy.

ID - cosmetic dentistry or plastic surgery, except to treat an injury, infection or disease, correct a disorder of normal body function, or correct a congenital disease or anomaly of a covered child.

MD - dentistry or plastic surgery, except to treat an injury or correct a disorder of normal body function.

NH - cosmetic dentistry or plastic surgery, except to treat an injury, correct a disorder of normal body function including congenital disease or anomaly, or reconstruction of body part, incidental or following surgery for traumatic infection or disease.

NC, TX - cosmetic dentistry or plastic surgery, except to treat an injury or correct a disorder of normal body function, or correct a congenital defect.

(f) intentionally self-inflicted injuries;

CA - intentionally self-inflicted injuries, whether sane or insane.

DC - (f) is deleted.

(g) confinement that begins before the effective date of coverage;

ID - an elective abortion (unless to save the life of the mother).

MD - (g) is deleted.

(h) the reversal of a tubal ligation or vasectomy;

ID, NH - (h) is deleted.

(i) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law;

ID, NH - (i) is deleted.

(j) participation in aeronautics (including parachuting and hang gliding) unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports;

ID - (j) is deleted.

NH - aviation as a fare-paying passenger.

OK - aviation.

NJ - aviation (including parachuting and hang gliding) unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports.

Exclusions (Continued)

(k) a newborn child's routine nursing or well-baby care during the initial confinement in the hospital;

AR - a newborn child's routine nursing or well-baby care during the initial confinement in the hospital, except payment will be made for up to 5 full days in a hospital nursery or until the mother is discharged following birth, whichever time period is less.

ID, IA, NH, NJ - (k) is deleted.

IN, OK - does not apply to the First Day Hospital Confinement benefit or Daily Hospital Confinement benefit.

(l) driving in any race or speed test or testing any motorized vehicle on any racetrack or speedway;

ID, NH, OK, TX - (l) is deleted.

(m) (if applicable to your coverage) childbirth within the first 10 months of the covered person's effective date;

ID, IN, KS, MD, NH, NJ, NC - (m) is deleted.

TX - childbirth (except premature birth) within the first 10 months of the covered person's effective date.

OH - childbirth within the first 9 months of the covered person's effective date.

(n) (if applicable to your coverage) mental or nervous disorders;

GA, ND, NH - (n) is deleted.

TX - mental or nervous disorders without demonstrable organic disease.

(o) (if applicable to your coverage) alcoholism, drug addiction or dependence upon any controlled substance.

CA, CT, MD, NH, NC, ND, WA - (o) is deleted.

ID - alcoholism or drug addiction.

IL - drug addiction or dependence upon any controlled substance.

SD - alcoholism, drug addiction or dependence upon any controlled substance while committing a felony.



Allstate BENEFITS

Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2015 Allstate Insurance Company. www.allstate.com or allstatebenefits.com

This material is valid as long as information remains current, but in no event later than June 1, 2018. Group Hospital Indemnity benefits are provided by policy form GVSP2, or state variations thereof.

Coverage is provided by Limited Benefit Hospital Indemnity Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. This information highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.