



Allstate[®] BENEFITS

**Protection for hospital
stays when a sickness
or injury occurs**

Hospital Indemnity Insurance

Life is unpredictable. Without any warning, an illness or injury can lead to a hospital confinement, medical procedures and/or visits, which may mean costly out-of-pocket expenses.

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

Allstate Benefits offers a solution to help you protect your income and empower you to seek treatment.

Here's How It Works

Our Hospital Indemnity insurance pays a cash benefit for hospital confinements. This benefit is payable directly to you and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. It is increasingly important to not only protect your finances if faced with an unexpected illness, but also to empower yourself to seek the necessary treatment.

Meeting Your Needs

- Guaranteed Issue coverage, meaning no medical questions to answer
- Coverage also available for your dependents
- Premiums are affordable and are conveniently payroll deducted
- Coverage may be continued; refer to your certificate for more details

With Allstate Benefits, you can feel assured that you have the protection you need if faced with a hospitalization. **Are you in Good Hands? You can be.**

¹<http://www.uofmhealth.org/news/archive/201606/heading-hospital-even-insurance-it-may-cost-you-1000-or-more>

²www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/

³www.cdc.gov/nchs/data/hsr/2012/099.pdf

DID YOU KNOW ?



In recent years, the cost of a hospital stay has increased by more than 37%.¹

\$7,500

cost to fix a broken leg

Medical costs in the United States are among the highest in the world.

In 2015, the average cost to fix a broken leg in the United States was \$7,500.²

\$30,000

cost per 3-day stay

The average cost of a 3-day hospital stay is around \$30,000.³

**Offered to the employees of:
Pasco County Schools**

Meet Tommy

Tommy's parents are like most parents; they worry about the health and well-being of their family. They know that as Tommy grows he will become more active and may be hospitalized due to a sickness or injury. Most importantly, they worry about how they will pay for it.

Here is what weighs heavily on their minds:

- Major medical only pays a portion of the expenses associated with hospital stays
- They have copays they are responsible for until they meet their deductible
- If they miss work due to Tommy having a hospital stay, they must cover their bills, rent/mortgage, groceries and education expenses
- If the right treatment is not available locally, they will have to travel to get the treatment he needs



Tommy's story of sickness and a hospital stay turned into a happy ending, because his parents had supplemental Hospital Indemnity Insurance to help with expenses.



CHOOSE

Tommy's mother chooses benefits to help protect herself and her family members, should they suffer an illness or injury that requires a hospital stay.



USE

Tommy was sick and vomiting, had a loss of appetite and a fever, and complained about a pain in his side. He was also unable to get out of bed.

Here's Tommy's treatment path:

- Taken by ambulance to the emergency room
- Examined by a physician
- Multiple tests were performed
- Admitted for a two-day hospital stay
- Undergoes emergency appendectomy surgery
- Visited by his doctor and released
- Recovered from surgery in 5 weeks
- Seen by the doctor during a follow-up visit

Tommy's mother went online after Tommy's hospital stay to file a claim. The cash benefits were direct deposited into her bank account.

Tommy is fully recovered and back to normal.



CLAIM

Tommy's hospital stay claim paid cash benefits for the following:

Ambulance

First Day Hospital Confinement

Daily Hospital Confinement

Variable Surgical Schedule

Anesthesia

Inpatient Physician's Treatment

Outpatient Physician's Treatment

For a listing of benefits and benefit amounts, see the rate insert.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Hospitalization Due to Pregnancy

Your First Day Hospital Confinement does include hospitalization due to normal pregnancy or complications of pregnancy. A newborn child's initial confinement in a hospital is not payable. A newborn child's initial confinement in a hospital includes any transfers to another hospital before being discharged to go home.

A newborn child's routine nursing or well-baby care during the initial confinement in a hospital is not payable.

Dependent Eligibility

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

Benefits

HOSPITALIZATION BENEFITS

First Day Hospital Confinement - once per continuous confinement per covered person, up to the limit stated in the rate insert. Not paid for newborn child's initial confinement after birth (see Hospitalization Due to Pregnancy at bottom left for complete details)

Daily Hospital Confinement - up to the maximum number of days for each confinement.* Hospitalization due to pregnancy is covered, subject to any Pregnancy Waiting Period (see rate insert). Not paid for any day the First Day Hospital Confinement benefit is paid

Hospital Intensive Care - up to the maximum number of days for each confinement.* Pays in addition to the First Day Hospital Confinement benefit and Daily Hospital Confinement benefit

Inpatient Physician's Treatment - for physician services (other than a surgeon) when hospital confined, up to the maximum number of days for each confinement.* Payable once per day per covered person

SURGERY BENEFITS

Variable Surgical Schedule - surgery performed in a hospital or ambulatory surgical center, based on the amount shown in the certificate Surgical Schedule.**† Payable once per day per covered person

Ambulatory Surgical Center - surgery performed at an ambulatory surgical center. Not paid for any day the Outpatient Emergency Treatment benefit is paid. Payable once per day per covered person, up to 2 days per person per year

Anesthesia - 25% of the Variable Surgical Schedule benefit

OUTPATIENT BENEFITS

Outpatient Emergency Treatment - medical treatment received in an emergency treatment center. Not paid for any day the Ambulatory Surgical Center benefit is paid. Payable once per day per covered person, up to 2 days per person per coverage year

Outpatient Physician's Treatment - physician treatment received outside a hospital for any cause. Payable once per day per covered person, up to 5 days per covered person, per coverage year; max. 10 days per coverage year if Employee + Spouse or Employee + Child(ren); or a max. of 15 days per coverage year if Family coverage

Ambulance - transportation by ground or air to an emergency treatment center by a licensed or hospital-owned ambulance. Payable once per day per covered person, up to 3 days per person per coverage year

Non-Local Transportation - first day of confinement for treatment in a non-local hospital 100 miles or more away from home. Payable once for each confinement, up to the limit stated in the rate insert

DIAGNOSTIC & WELLNESS BENEFITS

Fixed Outpatient Diagnostic X-ray and Laboratory - tests performed on an outpatient basis to diagnose an injury or sickness. Payable once per day per covered person, up to 3 days per person per year. Not paid for any day the Fixed Wellness benefit is paid

Fixed Wellness - once per day per person per year, if one of the following services is received: 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; Hemoccult 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

*See the maximum number of days for each confinement on the rate insert. **See the full schedule located under the Benefit Information section in your certificate; ask your benefits representative for details. †Two or more surgeries performed at the same time through one incision are considered one surgery.

CERTIFICATE SPECIFICATIONS

Conditions and Limits

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.**

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 of Coverage

Coverage may include you, your spouse or domestic partner, and children. 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. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends upon termination of domestic partnership or your death.

When Coverage Ends

Coverage under the policy ends on the earliest of: the date the policy is canceled; the last day of the period for which you made any required contributions; 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; the date you are no longer in an eligible class; the date your class is no longer eligible; or upon discovery of fraud or material misrepresentation when filing for a claim.

Portability

You may be eligible to continue your coverage when coverage under the policy ends. Portability coverage ends when the group policy terminates. Refer to your Certificate of Insurance for details.

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; 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 AND LIMITATIONS

Benefits are not paid for: injury or sickness incurred before the effective date; any act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; engaging in an illegal occupation or committing or attempting an assault or felony; cosmetic dentistry or plastic surgery, except to treat an injury or correct a disorder of normal body function; intentionally self-inflicted injuries; confinement that begins before the effective date of coverage; the reversal of a tubal ligation or vasectomy; artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law; participation in aeronautics (including parachuting and hang gliding) unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports; a newborn child's routine nursing or well-baby care during the initial confinement in the hospital; driving in any race or speed test or testing any motorized vehicle on any racetrack or speedway; mental or nervous disorders; alcoholism, drug addiction or dependence upon any controlled substance.

This brochure is for use in enrollments situated in FL and is incomplete without the accompanying rate insert.

Rev. 9/18. This material is valid as long as information remains current, but in no event later than September 15, 2021. Group Hospital Indemnity benefits are provided under policy form GVSP2, or state variations thereof.

The coverage provided is limited benefit hospital indemnity medical insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

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.



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www.allstate.com or
allstatebenefits.com

Hospital Indemnity (GIM2)

Group Hospital Indemnity Insurance from Allstate Benefits

Offered to the employees of:
Pasco County Schools

BENEFIT AMOUNTS

| HOSPITALIZATION BENEFITS | PLAN 1 | PLAN 2 |
|---|-----------------------|----------------------------|
| First Day Hospital Confinement Limit to Number of Occurrences | \$650 Once/30 days | \$1,450 Once/30 days |
| Daily Hospital Confinement (daily) Maximum Number of Days | \$200 30 | \$450 30 |
| Hospital Intensive Care (daily) Maximum Number of Days | \$200 30 | \$450 30 |
| Inpatient Physician's Treatment (daily) Maximum Number of Days | n/a n/a | \$75 30 |
| SURGERY BENEFITS | PLAN 1 | PLAN 2 |
| Variable Surgical Schedule (daily, varies by surgery) | n/a | \$100-\$4,000 |
| Ambulatory Surgical Center (daily) | \$50 | \$50 |
| Anesthesia (% of Surgical Schedule) | n/a | 25% |
| OUTPATIENT BENEFITS | PLAN 1 | PLAN 2 |
| Outpatient Emergency Treatment (daily) | \$50 | \$100 |
| Outpatient Physician's Treatment (daily) | \$50 | \$75 |
| Ambulance (daily) | Ground Air | \$100-\$200 \$200-\$400 |
| Non-Local Transportation Limit to Number of Occurrences | n/a n/a | \$50 No Limit |
| DIAGNOSTIC & WELLNESS BENEFITS | PLAN 1 | PLAN 2 |
| Fixed Outpatient Diagnostic X-ray and Laboratory (daily) | \$50 | \$100 |
| Fixed Wellness (daily) | \$50 | \$100 |

PLAN 1 PREMIUMS

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

PLAN 2 PREMIUMS

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

EE = Employee; EE + SP = Employee + Spouse;

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

Issue Ages: 18 and over if Actively at Work



For use in the Pasco County Schools enrollment situated in: FL

This rate insert is part of form ABJ30904X-1 and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than September 15, 2021. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2018 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.