



## Allstate BENEFITS

Protection for hospital stays when a sickness or injury occurs

## Supplemental Health and Hospital Indemnity Insurance

Life is unpredictable. Without any warning, an illness or injury can lead to a hospital confinement and 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. We offer a solution to help you protect your income and empower you to seek treatment.

### Here's How It Works

Our Supplemental Health and Hospital Indemnity insurance pays a cash benefit for hospital confinements. This benefit is payable directly to you and can help keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. Protecting your finances if faced with an unexpected illness is extremely important, as is seeking the necessary treatment when you need it. This is especially true since statistics show the average hospital stay is approximately 5 days<sup>3</sup> and just over \$5,000 per day<sup>2</sup>, which can add up quickly. These facts make it 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

- Includes benefits for hospitalization, surgery, outpatient, nursing, transportation, plus additional benefits can be added to enhance your coverage
- Coverage available for spouse and child(ren)
- Benefits paid directly to you unless assigned elsewhere, and paid regardless of any other coverage you may have

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.**

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

<sup>2</sup><http://tinyurl.com/zkwumnm>

<sup>3</sup><http://www.cdc.gov/nchs/data/hus/2016/082.pdf>

## DID YOU KNOW ?



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

### \$7,500

cost to fix a broken leg

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

In 2016, the average cost to fix a broken leg in the United States was \$7,500.<sup>2</sup>

### \$30,000

cost per 3-day stay

The average cost of a 3-day hospital stay is around \$30,000.<sup>3</sup>

Offered to the employees of:  
**St. Petersburg College**

# 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 Health 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
- Underwent 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                        |
| Initial Hospitalization          |
| Daily Hospital Confinement       |
| Surgery                          |
| Anesthesia                       |
| Inpatient Physician's Treatment  |
| Outpatient Physician's Treatment |

For a listing of benefits and benefit amounts, see page 4.

## 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](http://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 not 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 (GVSP2)

### HOSPITALIZATION BENEFITS

**First Day Hospital Confinement** - once per continuous confinement per covered person, up to the limit stated on page 4. 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 page 4). 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

\*See the maximum number of days for each confinement on page 4.

## Benefits (GVSP1)

### HOSPITALIZATION BENEFITS

**Initial Hospitalization Confinement** - once per continuous confinement per covered person, per coverage year. Not paid for normal pregnancy or complications of pregnancy, or for a newborn child's initial confinement after birth. A newborn child's initial hospitalization includes any transfers to another hospital before the child is discharged home

**Daily Hospital Confinement** - up to 180 days per continuous confinement. Not paid for a newborn child's routine nursing or well-baby care during the initial hospital confinement

**Hospital Intensive Care** - up to 60 days per continuous confinement. Pays in addition to the Daily Hospital Confinement benefit

### SURGERY BENEFITS

**Surgery** - for surgery performed in a hospital or ambulatory surgical center. Amount paid depends on type of surgery. Two or more surgeries performed at the same time through one incision are considered one surgery. Payable once per day per covered person

**Anesthesia** - 25% of the Surgery benefit

**Inpatient Physician's Treatment** - for physician services (other than a surgeon) when hospital confined. Payable once per day per covered person and for the number of days the Daily Hospital Confinement Benefit is payable

### OUTPATIENT BENEFITS

**Outpatient Emergency Accident** - medical or surgical treatment received in an emergency treatment center. Payable once per day 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. Maximum of: 5 days per covered person, per coverage year; 10 days per coverage year if Employee + Spouse or Employee + Child(ren) coverage; 15 days per coverage year if Family coverage

**At Home Nursing** - pays a benefit for nursing care authorized by the attending physician, within 60 days after hospital confinement. Pays once per day for up to 30 days

**Ambulance** - transportation by ground or air to a hospital or emergency treatment center by a licensed or hospital-owned ambulance. Payable up to a maximum number of 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 3 days per person per coverage year

## BENEFIT AMOUNTS (GVSP2)

| HOSPITALIZATION BENEFITS   |  | PLAN 1                |
|--|--|-----------------------|
| First Day Hospital Confinement<br>Limit to Number of Occurrences |  | \$1,100<br>1 per Year |
| Daily Hospital Confinement (daily)<br>Maximum Number of Days     |  | \$100<br>10           |
| Hospital Intensive Care (daily)<br>Maximum Number of Days        |  | \$100<br>10           |
| BENEFIT LIMITATION   |  | PLAN 1                |
| Pregnancy Waiting Period   |  | None                  |

## BENEFIT AMOUNTS (GVSP1)

| HOSPITALIZATION BENEFITS*                           |               | PLAN 2         |
|---|---------------|----------------|
| Initial Hospital Confinement (daily, once per year) |               | \$500          |
| Daily Hospital Confinement (daily)                  |               | \$200          |
| Hospital Intensive Care (daily)                     |               | \$200          |
| SURGERY BENEFITS*                                   |               | PLAN 2         |
| Surgery (according to schedule)                     |               | \$20 - \$500   |
| Anesthesia (% of Surgery)                           |               | 25%            |
| Inpatient Physician's Treatment (daily)             |               | \$25           |
| OUTPATIENT BENEFITS*                                |               | PLAN 2         |
| Outpatient Emergency Accident (daily)               |               | \$500          |
| Outpatient Physician's Treatment (daily)            |               | \$50           |
| At Home Nursing (daily)                             |               | \$100          |
| Ambulance (daily)                                   | Ground<br>Air | \$300<br>\$600 |
| Non-Local Transportation (daily)                    |               | \$300          |

\*Policy benefit dollar amounts increase by 5% after the first coverage year and each coverage year thereafter, for the next 5 years. The benefit dollar amounts in coverage years 6 and later are 125% of the initial benefit amounts stated here.

## PLAN 1 PREMIUMS

| MODE         | EE     | EE + SP | EE + CH | F       |
|--------------|--------|---------|---------|---------|
| Semi-Monthly | \$7.41 | \$16.38 | \$12.81 | \$21.84 |

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

Issue Ages: 18 and over if Actively at Work

## PLAN 2 PREMIUMS

| MODE         | EE      | EE + SP | EE + CH | F       |
|--------------|---------|---------|---------|---------|
| Semi-Monthly | \$15.86 | \$28.40 | \$24.98 | \$36.79 |

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

Issue Ages: 18 and over if Actively at Work

## **CERTIFICATE SPECIFICATIONS (GVSP1)**

### **Eligibility**

Coverage may include you, your spouse and children.

### **Termination of Coverage**

Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, except as provided under the Temporary Layoff, Leave of Absence or Family Medical Leave of Absence provision; or the date you or your class is no longer eligible.

Spouse coverage ends upon valid decree of divorce or your death. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

## **LIMITATIONS AND EXCLUSIONS**

### **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 disease or physical condition for which symptoms existed within the 12-month period prior to the effective date, or medical advice or treatment was recommended or received from a member of the medical profession within a 12-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

### **Limitations and Exclusions**

Benefits are not paid for: injury or sickness occurring before the effective date; any act of war or participation in a riot, insurrection or rebellion; suicide or attempted suicide; injury sustained while under the influence of alcohol or narcotics, unless taken on the advice of a physician; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; committing or attempting an assault or felony; cosmetic dental or plastic surgery, except when required to correct a disorder; alcoholism, drug addiction, or dependence upon any controlled substance; mental or nervous disorders; self-inflicted injuries; newborn child's nursing or routine well-baby care during initial hospital confinement; childbirth within the first 10 months of the effective date (complications of pregnancy are covered the same as sickness); hospitalization beginning before the effective date; reversal of tubal ligation or vasectomy; artificial insemination, in vitro fertilization, and test tube fertilization (including testing, medications and doctor services), unless required by law; routine eye exams or fittings; hearing aids or fittings; dental exams and care unless from an accident; or driving in any organized or scheduled race or speed test or testing any vehicle on any racetrack or speedway.

### **Hospital Intensive Care Benefit Exclusions**

We do not pay any benefits under the hospital intensive-care unit benefit for confinement in any care unit that does not qualify as a hospital intensive-care unit. Progressive care, sub-acute intensive care, intermediate care or step-down units, private rooms with monitoring or any other lesser care treatment units do not qualify.



## CERTIFICATE SPECIFICATIONS (GVSP2)

### 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.

## EXCLUSIONS AND LIMITATIONS

Benefits are not paid for: 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.



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[www.allstate.com](http://www.allstate.com) or [allstatebenefits.com](http://allstatebenefits.com)

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**This brochure is for use in enrollments situated in FL.**

**This material is valid as long as information remains current, but in no event later than October 1, 2021.**

Group Supplemental Health benefits are provided under policy form GVSP1, or state variations thereof.

Group Hospital Indemnity benefits are provided under policy form GVSP2, or state variations thereof.

**The coverages provided are limited benefit insurance.** The policies are not Medicare Supplement Policies. 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 policies 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.**