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
Broward County
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.
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.†

### 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 per year. 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 10 (low plan) and day 90 (high plan) per hospital stay. Not paid for any day the First Day Hospital Confinement benefit is paid.

**OPTIONAL BENEFITS (high plan only)**

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

- **Ambulatory Surgical Center** - Pays a benefit for each day you have surgery at an ambulatory surgical center.

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

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†Benefit amounts are shown on page 2a. See pages 3 and 4 for limits and conditions and state variations. *See the full schedule located under the Benefit Information section in the certificate; ask your benefits representative for details.
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 on an outpatient basis to diagnose an injury or sickness. Not paid for any day the Fixed Wellness benefit is paid.

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.

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

**STATE VARIATIONS**

**Florida** (changes affect pages 2 and 3) - In the Portability bullet, add to the end: and the policy remains in force. In the Portability Privilege paragraph, add to the end: Portability coverage ends when the group policy terminates.
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 November 1, 2017. 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 Broward County enrollment which is situated in: FL**

This coverage is not available to residents of the state of Massachusetts.
### Benefit coverage for
Broward County
group indemnity medical insurance

<table>
<thead>
<tr>
<th>Benefit</th>
<th>LOW PLAN</th>
<th>HIGH PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Day Hospital Confinement</strong> (once per confinement, per year)</td>
<td>$1,100</td>
<td>$700</td>
</tr>
<tr>
<td><strong>Daily Hospital Confinement</strong> (daily)</td>
<td>$100</td>
<td>$100</td>
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### OPTIONAL BENEFITS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>LOW PLAN</th>
<th>HIGH PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable Surgical Schedule (daily) (varies by surgery)</td>
<td>n/a</td>
<td>$25 - $1,000</td>
</tr>
<tr>
<td>Ambulatory Surgical Schedule (daily)</td>
<td>n/a</td>
<td>$300</td>
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<tr>
<td>Anesthesia (% of Surgical Schedule)</td>
<td>n/a</td>
<td>25%</td>
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<tr>
<td>Fixed Wellness (daily)</td>
<td>n/a</td>
<td>$100</td>
</tr>
<tr>
<td>Fixed Outpatient Diagnostic X-ray and Laboratory (daily)</td>
<td>n/a</td>
<td>$100</td>
</tr>
<tr>
<td>Ambulance (daily)</td>
<td>n/a</td>
<td>$100</td>
</tr>
</tbody>
</table>

#### Ambulance (daily) (ground, air)
- Ground: n/a
- Air: n/a

#### Non-Local Transportation (daily)
- n/a: $200

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1 Not paid for any day the First Day Hospital Confinement benefit is paid.
2 Pays once per day per covered person.
3 Limited to 2 days per covered person, per coverage year.
4 Pays once per day, per covered person per coverage year.
5 Limited to 3 days per covered person, per coverage year.

### premiums - low plan

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<tr>
<th>MODE</th>
<th>EE</th>
<th>EE + SP</th>
<th>EE + CH</th>
<th>F</th>
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</thead>
<tbody>
<tr>
<td>Bi-Weekly</td>
<td>$6.24</td>
<td>$12.90</td>
<td>$10.74</td>
<td>$17.46</td>
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</table>

### premiums - high plan

<table>
<thead>
<tr>
<th>MODE</th>
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</thead>
<tbody>
<tr>
<td>Bi-Weekly</td>
<td>$16.92</td>
<td>$34.32</td>
<td>$29.34</td>
<td>$46.68</td>
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</tbody>
</table>

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This insert is for use in: FL

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