

**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
Palace Group

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, 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:

First Day Hospital Confinement	\$1,000
Daily Hospital Confinement	\$600
Hospital Intensive Care	\$400
Anesthesia	\$28.13
Variable Surgical Schedule	\$112.50



Total Benefits: \$2,140.63

*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 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 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.

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.

†Benefit amounts are shown on page 2a. See page 3 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.

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

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** paragraph, add to the end: Portability coverage ends when the group policy terminates.

This material is valid as long as information remains current, but in no event later than April 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 Palace Group enrollments which are situated in: FL



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Benefit coverage for Palace Group

group indemnity medical insurance

	PLAN
First Day Hospital Confinement (once per confinement, per year)	\$1,000
Daily Hospital Confinement (daily) ¹	\$200
Hospital Intensive Care (daily) ²	\$200
Variable Surgical Schedule (daily) (varies by surgery) ³	\$12.50 - \$500
Anesthesia (% of Surgical Schedule)	25%

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.

semi-monthly premiums

EE	EE + SP	EE + CH	F
\$12.42	\$32.11	\$21.52	\$35.04

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

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