



Benefit Amounts

BENEFITS	OPTION 1	OPTION 2
First Day Hospital Confinement Benefit (one confinement per year)	\$1,200	\$2,200
Daily Hospital Confinement Benefit (30 days max ¹)	\$200	\$200
Hospital Intensive Care Benefit (30 days max ²)	\$200	\$200
OPTIONAL ADDITIONAL BENEFITS		
Maternity hospitalization	✓	✓
Mental and Nervous Disorders		
Waiver of Pre-Existing Conditions	✓	✓

¹ payable for each day of continuous hospital confinement; not paid for any day the First Day Hospital Confinement Benefit is paid

² payable for each day of continuous hospital intensive care unit confinement; pays in addition to the First Day Hospital Confinement Benefit and Daily Hospital Confinement Benefit

Underwriting

Guaranteed Issue during open enrollment in all enrollment years

Group Indemnity Medical pays the following benefits for services and treatments administered to or received by a covered person. Such service or treatment must be (a) incurred by a covered person while coverage under the policy and certificate is in force on that person; and (b) provided for the care and treatment of sickness or injury of a covered person. Any loss not stated is not covered. Treatment must be received in the United States or its territories.

BENEFITS DESCRIPTIONS

First Day Hospital Confinement Benefit - Allstate Benefits pays the benefit amount for the first day a covered person is confined in a hospital. This benefit is payable only once per continuous confinement in a hospital per covered person, and the number of such confinements is limited to one time per year. The benefit is not paid for a newborn child's initial confinement in a hospital. The covered person must provide proof for each day that a hospital room and board charge is incurred.

Daily Hospital Confinement Benefit – Allstate Benefits pays the benefit amount shown per day when a covered person is confined in a hospital. If the First Day Hospital Confinement benefit is payable, this benefit pays for each day after the first day of a continuous confinement in a hospital for one day less than the maximum stated number of days. If the First Day Hospital Confinement benefit is not payable, this benefit pays for each day of a continuous confinement in a hospital for the maximum stated number of days.

This benefit is not payable for:

1. any day for which the First Day Hospital Confinement benefit is payable; or
2. a newborn child's routine nursing or routine well baby care during the initial confinement in a hospital.

The covered person must provide proof for each day that a hospital room and board charge is incurred.

Hospital Intensive Care Benefit - Allstate Benefits pays the benefit amount shown for each day a covered person is confined in a hospital intensive care unit, up to the maximum stated number of days. This benefit is paid in addition to the First Day Hospital Confinement benefit and Daily Hospital Confinement benefit. The covered person must provide proof for each day that a hospital room and board charge is incurred.

Terms of Coverage

Family Plan coverage may include employee/member, spouse (Domestic Partner), and dependent children as defined in the policy. Individual and Spouse coverage includes employee/member and spouse. Individual and Children coverage includes employee/member and eligible children as defined in the policy.



Policy Limitations and Exclusions

Allstate Benefits does not pay benefits caused by or resulting from (directly or indirectly): 1. Any act of war whether or not declared, voluntary participation in a riot, insurrection or rebellion; or 2. Suicide, or any attempt at suicide, whether sane or insane; or 3. Injury incurred while voluntarily engaging in an illegal occupation or committing or attempting to commit an assault or felony; or 4. Dental or plastic surgery for cosmetic purposes except when such surgery is required to: (a) treat an injury; or (b) correct a disorder of normal bodily function; or 5. Intentionally self-inflicted injuries; or 6. Confinement that begins before the covered person's effective date of coverage; or 7. The reversal of a tubal ligation or vasectomy; or 8. Artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law; or 9. Participation in any form of aeronautics (including parachuting and hang gliding) except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or 10. A newborn child's routine nursing or routine well baby care during the initial confinement in a hospital; or 11. Driving in any organized or scheduled race or speed test or while testing an automobile or any motorized vehicle on any racetrack or speedway; or 12. mental or nervous disorders; or 13. alcoholism, drug addiction or dependence upon any controlled substance.

Termination of Coverage

The insured employee's/member's coverage under the policy ends on the earliest of: the date the policy is canceled; or the last day of the period for which any required premium payments were made; or the last day the insured employee/member is in active employment, except as provided under the "Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence" provision in the policy; or the date the insured employee/member is no longer in an eligible class; or the date the insured employee's/member's class is no longer eligible; or our discovery of fraud or material misrepresentation in the presentation of a claim under this policy. If your spouse is a covered person, the spouse's coverage ends upon valid decree of divorce or your death. Coverage for your child will end on the issue day of the month that follows when the insured employee/member dies or the child reaches age 26 or otherwise does not meet the requirements of an eligible dependent.

Portability

If your coverage terminates for reasons other than non-payment of premium, or if coverage of a spouse terminates due to divorce or your death, or if coverage of a child terminates due to the child reaching age 26, the covered person will be eligible for portability coverage. This means the covered person may continue the same benefits you had under the group policy, subject to the conditions defined in the policy, as long as premiums are paid directly to American Heritage Life Insurance Company. Portability coverage will remain in effect for no longer than 36 months.

Coverage Subject to Policy

Coverage under the certificate is subject in every way to the terms of the policy that is issued to the policyholder. The group policy may at any time be amended or discontinued by agreement between Allstate Benefits and the policyholder. The certificate holder's consent is not required for this. Nor is Allstate Benefits required to give the certificate holder prior notice.

This illustration highlights some features of the policy and riders but is not the insurance contract. Only the actual policy and rider provisions control. The policy and riders set forth, in detail, the rights and obligations of both the insured and the insurance company.

The policy and riders are Limited Benefit Insurance which provide supplemental benefits as defined in the policy and riders. The policy and riders are not a Medicare Supplement Policy. If eligible for Medicare, review the Medicare Supplement Buyer's Guide, available from Allstate Benefits.