## **Benefit Highlights\***

#### **Hospitalization Benefits**

**First Day Hospital Confinement -** Once per continuous confinement per covered person, up to the limit stated on the HSA Compatible Benefits Offerings page. Not paid for newborn child's initial confinement after birth.

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 for First Day Hospital Confinement. A newborn child's initial confinement in a hospital includes any transfers to another hospital before being discharged to go home.

**Daily Hospital Confinement -** Up to the maximum number of days for each confinement.\*\* well baby care. Hospitalization due to pregnancy is covered. Not paid for any day the First Day Hospital Confinement benefit is paid.

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

**Hospital Intensive Care** - Up to the maximum number of days for each confinement indicated on the HSA Compatible Benefits Offerings page. Pays in addition to the First Day Hospital Confinement benefit and Daily Hospital Confinement benefit.

\* May vary based on plan design chosen.

\*\* Subject to the maximum number of days on the HSA Compatible Benefits Offerings page(s).

The coverage contains exclusions and limitations; please refer to plan documents for details.



### **Features**

**Portability** - The employee may be eligible to continue coverage when coverage under the policy ends. Portability coverage ends when the group policy terminates. Refer the Certificate of Insurance for details.

**Health Savings Account-Compatible -** While some forms of additional insurance disqualify employees from utilizing the advantages of HSAs, Hospital Indemnity insurance from Allstate Benefits is compatible with HSAs, and works well with HDHPs.

## **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.

**Dependent Eligibility/Termination of Coverage -** Coverage may include the employee, their spouse or domestic partner, and children. Coverage for children ends upon the employee's 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 the employee's death. Domestic partner coverage ends upon termination of domestic partnership or the employee's 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 the employee made any required contributions; the last day the employee is 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 the employee is no longer in an eligible class; the date the employee class is no longer eligible; upon discovery of fraud or material misrepresentation when filing for a claim.

# **Exclusions and Limitations**

**Other 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 (this exclusion does not apply to the First Day Hospital Confinement or Daily Hospital Confinement benefits); 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; any injury sustained as a result of the voluntary use of



intoxicants, narcotics or hallucinogens unless taken on the written advice of a physician and as prescribed, or while under the influence of alcohol; treatment rendered by you, your spouse, children, parents or siblings.

#### **Disclosure**

Benefits provided by 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.

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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