

Hospital Indemnity Insurance

from Allstate Benefits



Benefits are paid to you

Protection for hospital stays when a sickness or injury occurs

1 CHOOSE

You choose our coverage to protect yourself and any family members, should you be hospitalized

2 USE

You or a covered family member has an illness or injury that requires medical care in the hospital

3 CLAIM

You file a claim. The cash benefits are paid to you, to use however you wish

Life is unpredictable. Without any warning, an illness or injury can lead to a hospital visit – and 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.

Allstate Benefits offers a solution to help you protect your income and empower you to seek treatment.



Medical costs in the United States are among the highest in the world. In 2013, the average hospital cost per day in the United States was \$4,293.*

Here's How it Works

Our Indemnity Medical insurance pays a cash benefit for hospital confinement. This benefit is payable directly to you and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. This is especially helpful since statistics show the average hospital stay is approximately 5 days,¹ which can add up quickly. On top of that, the number of people who forgo or delay needed health care due to the high cost has nearly doubled in the past 10 years². 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.

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.

*2013 Comparative Price Report, International Federation of Health Plans

¹<http://www.cdc.gov/nchs/data/hus/2012/099.pdf>

²<http://www.nachc.com/client//HealthWanted.pdf>

Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer
- Coverage available for spouse and child(ren)
- Premiums are affordable and are conveniently payroll deducted
- Coverage can be continued, as long as premiums are paid to Allstate Benefits

See reverse for plan details

Offered to the employees of:
**Cobb County
School District**



YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options because you get to determine how to use them.



Finances

Can help protect your HSAs, savings, retirement plans and 401ks from being depleted



Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city



Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care



Expenses

The lump-sum cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas

Benefits

Base Policy Benefits

First Day Hospital Confinement

Daily Hospital Confinement

Hospital Intensive Care

[†]Is hospitalization due to pregnancy covered?

Your employer determines coverage. If offered by your employer, our coverage includes hospitalization due to pregnancy or complications of pregnancy. However, a newborn child's initial confinement in a hospital and a newborn child's routine nursing or well-baby care during the initial confinement in a hospital are not payable. A newborn child's initial confinement in a hospital includes any transfers to another hospital before being discharged to go home.

[†]Subject to state variations and employer selections.



Allstate
BENEFITS

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For use in the Cobb County School District enrollments situated in: GA

This material is valid as long as information remains current, but in no event later than October 1, 2018.

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

Coverage is provided by Limited Benefit Hospital Indemnity Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. This information highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. 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.

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.

Hospital Indemnity (GIM2)

Group Indemnity Medical Insurance

from Allstate Benefits

See attached **Important Information About Coverage.**

Offered to the employees of:

Cobb County School District

BENEFIT AMOUNTS

BASE POLICY BENEFITS	PLAN
First Day Hospital Confinement	\$500
Limit to Number of Occurrences	No Limit
Daily Hospital Confinement	\$100
Maximum Number of Days ¹	10
Hospital Intensive Care	\$100
Maximum Number of Days ²	10

¹payable for each day, up to the max per continuous confinement in a hospital; not paid for any day the First Day Hospital Confinement Benefit is paid.

²payable for each day, up to the max per continuous confinement in a hospital intensive care unit; pays in addition to the First Day Hospital Confinement Benefit and Daily Hospital Confinement Benefit.

OPTIONAL EXCLUSIONS	PLAN
Mental and Nervous Disorders Covered	No
Drug Addiction and Alcoholism Covered	No
Pregnancy Waiting Period	None
ADDITIONAL OPTIONS	PLAN
Pregnancy (Normal and Complications) Covered	Yes
Removal of Pre-Existing Conditions Limitation	Yes

PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$4.68	\$12.55	\$8.13	\$13.59
Monthly	\$9.36	\$25.09	\$16.25	\$27.17

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



For use in the Cobb County School District enrollments situated in: GA. This rate insert is part of forms ABJ31064X and ABJ30067 and is not to be used on its own.

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Group Hospital Indemnity (GIM2)

Important Information About Coverage

Provides details of base policy coverage in all states. State-specific information is noted when it varies from the standard. Below is a list of base policy benefits available with Group Hospital Indemnity coverage. Please refer to your employer-chosen plan for the specific items that apply to your coverage. You will receive a certificate that details the certificate specifications for the coverage you purchased.

Group Hospital Indemnity Issue ages are 18 and over if Actively at Work.

Benefit Specifications (see Benefit Amounts)

First Day Hospital Confinement - Payable once for each continuous confinement, with 24 hours between each hospital stay. Not paid for a newborn child's initial confinement after birth. This benefit is not payable for normal pregnancy or complications of pregnancy (if applicable to your coverage).

AH, ID, IN, IA, KS, NH, NJ, NM, OK - The sentence regarding a newborn child's initial confinement is deleted.

AR, ID, IN, IA, KS, MO, NH, NJ, NC, OK, TN, TX - The last sentence is deleted.

Daily Hospital Confinement - Not paid for any day the First Day Hospital Confinement Benefit is paid.

Hospital Intensive Care - Pays in addition to the First Day Hospital Confinement and Daily Hospital Confinement benefits.

NH - This benefit is not available.

Conditions, Limitations and Exclusions Affecting Your Benefits

Conditions and Limits

Most States - 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.**

NH - We pay benefits for confinement, service and medical care of 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. **Confinement, care or services must be received in the United States or its territories.**

NJ - We pay benefits as stated for service and treatment received by the covered person while coverage is in force, for sickness or injury. **Treatment must be received in the United States or its territories.**

TX - The last sentence is replaced with: **Treatment must be received in the United States or its territories, except in the case of an emergency.**

Your Eligibility

All States - 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 children.

HI - Coverage may include you, your spouse or domestic partner, children and certified reciprocal beneficiary.

ID - Coverage may include you, your spouse and children.

DC, NJ, RI - Coverage may include you, your spouse, civil union partner, or domestic partner, and children.

Dependent Eligibility/Termination (continued)

(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.

IL - Coverage for children ends upon your death or when the child reaches age 26 (30 if a military veteran who is an Illinois resident), unless he or she continues to meet the requirements of an eligible dependent.

MA - Coverage for children ends upon your death or the earlier of when the child reaches age 26 or 2 years following loss of dependent status under the Internal Revenue Code, unless he or she continues to meet the requirements of an eligible dependent.

PA - The following is added: Coverage will not terminate due to age on a child who was a full-time student and whose studies were interrupted by active duty service in the military.

(c) Spouse coverage ends upon valid decree of divorce or your death.

NJ, RI - spouse or civil union partner coverage ends upon valid decree of divorce or your death.

(d) Domestic partner coverage ends upon termination of domestic partnership or your death.

DC - civil union partner or domestic partner coverage ends upon termination of civil union or domestic partnership or your death.

ID - (d) is deleted.

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 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;

ME, NH, ND, TX - last day you are in active employment 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.

CT - upon discovery of material misrepresentation when filing for a claim.

NE - upon discovery of fraud or intentional misrepresentation when filing for a claim.

NC - (f) is deleted.

(g) GA ONLY - the date you request to discontinue coverage.

Portability Privilege

Coverage may be continued under the Portability Provision when coverage under the policy ends.

FL - The following is added: Portability coverage ends when the group policy terminates.

OR - **Portability Privilege** is replaced with: **Extension of Coverage** - Coverage may be continued under the Extension of Coverage provision when coverage under the policy ends.

NJ - **Portability Privilege** is replaced with: **Conversion Privilege** - If coverage terminates for any reason other than non-payment of premiums, the covered person can convert to an individual policy without evidence of insurability. This may also apply to a dependent whose coverage terminates.

Pre-Existing Condition Limitation (if applicable to your coverage)

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 condition for which: medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over-the-counter medications were taken or treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective; or symptoms existed within the 12 months prior to the effective date, or the date an increase in benefits would be effective.

CA - 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 condition for which medical treatment, care or services were received in the 12 months prior to the effective date or the date an increase in benefits would be effective.

CT, VA - 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 condition for which medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over-the-counter medications were taken or treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective.

ID, SD - 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 condition for which medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over-the-counter medications were taken or treatment recommendations were followed in the 6 months prior to the effective date or the date an increase in benefits would be effective.

IN, NJ - 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 condition for which medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over-the-counter medications were taken or treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective.

NH - The **Pre-Existing Condition Limitation** paragraph is deleted.

NV - 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 condition for which medical advice, diagnosis, care or treatment was recommended or received in the 6 months prior to the effective date or the date an increase in benefits would be effective.

Pre-Existing Condition Limitation (if applicable to your coverage) (continued)

NC - 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 condition for which medical treatment, consultation, care or services were received, or treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective.

ND - 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 condition for which medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, or treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective.

PA - 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 condition for which medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over-the-counter medications were taken or treatment recommendations were followed in the 3 months prior to the effective date or the date an increase in benefits would be effective.

PR - We do not pay benefits due to a pre-existing condition, if the loss occurs during the first 8 months of coverage. A pre-existing condition does not include a condition admitted on the application. A pre-existing condition is a condition for which: medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over-the-counter medications were taken or treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective, or symptoms existed within the 12 months prior to the effective date, or the date an increase in benefits would be effective.

Exclusions

Benefits are not paid for:

(a) (if applicable to your coverage) injury or sickness incurred before the effective date;

ID - injury or sickness incurred or confinement beginning before the effective date.

NH - (a) is deleted

(b) any act of war, participation in a riot, insurrection or rebellion;

CT - any act of war, participation in an insurrection or rebellion.

PA - any act of war, participation in a riot or insurrection.

ID - any act of war, participation in a riot or rebellion.

TX - any act of war, during military service, participation in a riot, insurrection or rebellion.

MD - any act of war.

NC - any act of war, active participation in a riot, insurrection or rebellion.

UT - any act of war, voluntary participation in a riot, insurrection or rebellion.

OK - participation in a riot, insurrection or rebellion.

WA - any act of war, voluntary participation in a riot or insurrection.

(c) suicide or attempt at suicide;

CO, MO - suicide or attempt at suicide, while sane.

Exclusions (Continued)

(d) engaging in an illegal occupation or committing or attempting an assault or felony;

CA - engaging in an illegal occupation or committing or attempting an illegal occupation or felony.

OK - engaging in an illegal occupation or committing or attempting a felony.

CT - committing or attempting to commit an assault or felony.

TX - committing or attempting a felony.

ID - engaging in an illegal occupation or participating in a felony.

UT - voluntarily engaging in an illegal occupation or committing or attempting an assault or felony.

MD - (d) is deleted.

WA - committing a felony.

NE, NH - engaging in an illegal occupation or committing or attempting a felony.

WI - participating in illegal activities or engaging in an illegal occupation that results in conviction of a felony.

NJ - injuries where the contributing cause was engagement in an illegal occupation or committing or attempting a felony.

(e) cosmetic dentistry or plastic surgery, except to treat an injury or correct a disorder of normal body function;

CA - cosmetic dentistry or plastic surgery, except to treat an injury, correct a disorder of normal body function, or restore symmetry after a mastectomy.

ID - cosmetic dentistry or plastic surgery, except to treat an injury, infection or disease, correct a disorder of normal body function, or correct a congenital disease or anomaly of a covered child.

MD - dentistry or plastic surgery, except to treat an injury or correct a disorder of normal body function.

NH - cosmetic dentistry or plastic surgery, except to treat an injury, correct a disorder of normal body function including congenital disease or anomaly, or reconstruction of body part, incidental or following surgery for traumatic infection or disease.

NC, TX - cosmetic dentistry or plastic surgery, except to treat an injury or correct a disorder of normal body function, or correct a congenital defect.

(f) intentionally self-inflicted injuries;

CA - intentionally self-inflicted injuries, whether sane or insane.

DC - (f) is deleted.

(g) confinement that begins before the effective date of coverage;

ID - an elective abortion (unless to save the life of the mother).

MD - (g) is deleted.

(h) the reversal of a tubal ligation or vasectomy;

ID, NH - (h) is deleted.

(i) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law;

ID, NH - (i) is deleted.

(j) participation in aeronautics (including parachuting and hang gliding) unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports;

ID - (j) is deleted.

NH - aviation as a fare-paying passenger.

OK - aviation.

NJ - aviation (including parachuting and hang gliding) unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports.

Exclusions (Continued)

(k) a newborn child's routine nursing or well-baby care during the initial confinement in the hospital;

AR - a newborn child's routine nursing or well-baby care during the initial confinement in the hospital, except payment will be made for up to 5 full days in a hospital nursery or until the mother is discharged following birth, whichever time period is less.

ID, IA, NH, NJ - (k) is deleted.

IN, OK - does not apply to the First Day Hospital Confinement benefit or Daily Hospital Confinement benefit.

(l) driving in any race or speed test or testing any motorized vehicle on any racetrack or speedway;

ID, NH, OK, TX - (l) is deleted.

(m) (if applicable to your coverage) childbirth within the first 10 months of the covered person's effective date;

ID, IN, KS, MD, NH, NJ, NC - (m) is deleted.

TX - childbirth (except premature birth) within the first 10 months of the covered person's effective date.

OH - childbirth within the first 9 months of the covered person's effective date.

(n) (if applicable to your coverage) mental or nervous disorders;

GA, ND, NH - (n) is deleted.

TX - mental or nervous disorders without demonstrable organic disease.

(o) (if applicable to your coverage) alcoholism, drug addiction or dependence upon any controlled substance.

CA, CT, MD, NH, NC, ND, WA - (o) is deleted.

ID - alcoholism or drug addiction.

IL - drug addiction or dependence upon any controlled substance.

SD - alcoholism, drug addiction or dependence upon any controlled substance while committing a felony.



Allstate BENEFITS

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