



Allstate
BENEFITS

**Protection for hospital
stays when a sickness
or injury occurs**

Hospital Indemnity Insurance

Life is unpredictable. Without any warning, an illness or injury can lead to a hospital confinement and medical procedures and/or visits, which may mean 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.

Here's How It Works

Our Hospital Indemnity insurance pays a cash benefit for hospital confinements. This benefit is payable directly to you unless assigned, and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. It is increasingly important to not only protect your finances if faced with an unexpected illness, but also to empower yourself to seek the necessary treatment.

Meeting Your Needs

- Guaranteed Issue coverage with a Pre-Existing Condition Limitation*
- Coverage also available for your dependents
- Premiums are affordable and are conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can feel assured that you have the protection you need if faced with a hospitalization. **Practical benefits for everyday living.**®

*Please refer to the Exclusions and Limitations section of this brochure.

¹<http://www.healthsystemtracker.org/brief/what-drives-health-spending-in-the-u-s-compared-to-other-countries/>

²<https://www.debt.org/medical/hospital-surgery-costs/>

³<http://newsroom.heart.org/news/poll-surprise-medical-bills-pose-significant-financial-burden>

DID YOU KNOW ?



Americans pay
nearly **60% more**
for hospital stays
than patients in
Europe or Canada.¹

\$11,700
per hospital stay

The average cost of a 24-hour
hospital stay in the United
States is \$11,700.²

About two-thirds of Americans
received an **unexpected**
medical bill following a hospital
stay in 2020.³



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Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Hospitalization Due to Pregnancy

Your First Day Hospital Confinement does include hospitalization due to normal pregnancy or complications of pregnancy, subject to the Pre-Existing Condition Limitation. A newborn child's initial confinement in a hospital is not payable. A newborn child's initial confinement in a hospital includes any transfers to another hospital before being discharged to go home.

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

Dependent Eligibility

Coverage may include you, your spouse or domestic partner, and children.

Benefits

HOSPITALIZATION BENEFITS

First Day Hospital Confinement - once per continuous confinement per covered person, up to the limit stated on page 3. Not paid for newborn child's initial confinement after birth (see Hospitalization Due to Pregnancy at bottom left for complete details)

Daily Hospital Confinement - up to the maximum number of days for each confinement.* Hospitalization due to pregnancy is covered, subject to the Pre-Existing Condition Limitation. Not paid for any day the First Day Hospital Confinement benefit is paid (see How We Pay the Daily Hospital Confinement Benefit on page 4)

Hospital Intensive Care - up to the maximum number of days for each confinement.* Pays in addition to the First Day Hospital Confinement benefit and Daily Hospital Confinement benefit

SURGERY BENEFITS

Variable Surgical Schedule - surgery performed in a hospital or ambulatory surgical center, based on the amount shown in the certificate Surgical Schedule.**† Payable once per day per covered person

Ambulatory Surgical Center - surgery performed at an ambulatory surgical center. Not paid for any day the Outpatient Emergency Treatment benefit is paid. Payable once per day per covered person, up to 2 days per person per year

Anesthesia - 25% of the Variable Surgical Schedule benefit

OUTPATIENT BENEFIT

Outpatient Emergency Treatment - medical treatment received in an emergency treatment center. Not paid for any day the Ambulatory Surgical Center benefit is paid. Payable once per day per covered person, up to 2 days per person per coverage year

WELLNESS BENEFIT

Fixed Wellness - once per day per person per year, if one of the following services is received: 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

MISCELLANEOUS BENEFITS

Mental/Nervous Disorder - confinement in a hospital or residential treatment facility for treatment of mental and/or nervous disorders, up to the maximum number of days for each confinement.* Not paid for any day the Daily Hospital Confinement benefit or Drug/Alcohol Rehabilitation benefit is paid

Drug/Alcohol Rehabilitation - daily confinement in a hospital or residential treatment facility for treatment of drug and/or alcohol addictions, up to the maximum number of days for each confinement.* Not paid for any day the Daily Hospital Confinement benefit or Mental/Nervous Disorder benefit is paid

*See the maximum number of days for each confinement on page 3. **See the full schedule located under the Benefit Information section in your certificate; ask your benefits representative for details. †Two or more surgeries performed at the same time through one incision are considered one surgery.

BENEFIT AMOUNTS

HOSPITALIZATION BENEFITS	PLAN
First Day Hospital Confinement Limit to Number of Occurrences	\$1,000 Once/year
Daily Hospital Confinement (daily) Maximum Number of Days	\$200 10
Hospital Intensive Care (daily) Maximum Number of Days	\$200 10
SURGERY BENEFITS	PLAN
Variable Surgical Schedule (daily, varies by surgery)	\$50-\$2,000
Ambulatory Surgical Center (daily)	\$100
Anesthesia (% of Surgical Schedule)	25%
OUTPATIENT BENEFIT	PLAN
Outpatient Emergency Treatment (daily)	\$100
WELLNESS BENEFIT	PLAN
Fixed Wellness (daily)	\$50
MISCELLANEOUS BENEFITS	PLAN
Mental/Nervous Disorder Maximum Number of Days	\$200 10
Drug/Alcohol Rehabilitation Maximum Number of Days	\$200 10
BENEFIT LIMITATION	PLAN
Pregnancy Waiting Period	10 months

PLAN PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$20.70	\$39.20	\$28.70	\$44.62

EE = Employee; EE + SP = Employee + Spouse;

EE + CH = Employee + Child(ren); F = Family

Issue Ages: 18 and over if Actively at Work

How We Pay the Daily Hospital Confinement Benefit

If the First Day Hospital Confinement benefit is payable

The Daily Hospital Confinement Benefit pays for each day after the first day of a continuous confinement in a hospital for one day less than the maximum number of days on page 3.

If the First Day Hospital Confinement benefit is not payable

The Daily Hospital Confinement Benefit pays for each day of a continuous confinement in a hospital for the maximum number of days on page 3.

CERTIFICATE 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.**

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 of Coverage

Coverage may include you, your spouse or domestic partner, and children. 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. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends upon termination of domestic partnership or your 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 you made any required contributions; 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; the date you are no longer in an eligible class; the date your class is no longer eligible; upon discovery of fraud or material misrepresentation when filing for a claim; the date you request to discontinue coverage.

Portability

You may be eligible to continue your coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Pre-Existing Condition

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.

This limitation applies if the insured person is pregnant prior to the effective date.

Exclusions

Benefits are not paid for: injury or sickness incurred before the effective date; 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; driving in any race or speed test or testing any motorized vehicle on any racetrack or speedway.

This brochure is for use in enrollments situated in GA.

Rev. 10/22. This material is valid as long as information remains current, but in no event later than October 1, 2025. Group Hospital Indemnity benefits are provided under 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. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

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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www.allstate.com or
allstatebenefits.com

Schedule of Operations		Benefit per Unit					
Type	Description	Coverage Year 1	Coverage Year 2	Coverage Year 3	Coverage Year 4	Coverage Year 5	Coverage Year 6+
Bone	Bone marrow biopsy/aspir	55.00	57.75	60.50	63.25	66.00	68.75
	Removal of knee cartilage	150.00	157.50	165.00	172.50	180.00	187.50
	Total knee replacement	250.00	262.50	275.00	287.50	300.00	312.50
	Total hip replacement	375.00	393.75	412.50	431.25	450.00	468.75
Brain	Burr holes no surgery	155.00	162.75	170.50	178.25	186.00	193.75
	Craniotomy	400.00	420.00	440.00	460.00	480.00	500.00
	Excision brain tumor	475.00	498.75	522.50	546.25	570.00	593.75
	Transoral approach	500.00	525.00	550.00	575.00	600.00	625.00
	Stereotactic excision w/axial tomography	300.00	315.00	330.00	345.00	360.00	375.00
Breast	Biopsy, needle, w/o image	30.00	31.50	33.00	34.50	36.00	37.50
	Biopsy, needle, w/ image	55.00	57.75	60.50	63.25	66.00	68.75
	Biopsy, incisional	75.00	78.75	82.50	86.25	90.00	93.75
	Lumpectomy	105.00	110.25	115.50	120.75	126.00	131.25
	Breast reduction	260.00	273.00	286.00	299.00	312.00	325.00
	Mastectomy, simple	175.00	183.75	192.50	201.25	210.00	218.75
	Mastectomy, radical	300.00	315.00	330.00	345.00	360.00	375.00
	Mastectomy, partial	125.00	131.25	137.50	143.75	150.00	156.25
	Removal breast lesion	100.00	105.00	110.00	115.00	120.00	125.00
	Breast reconstruction	220.00	231.00	242.00	253.00	264.00	275.00
Digestive	Esophagoscopy	50.00	52.50	55.00	57.50	60.00	62.50
	Appendectomy	140.00	147.00	154.00	161.00	168.00	175.00
	ERCP	75.00	78.75	82.50	86.25	90.00	93.75
	Exploratory laparotomy	170.00	178.50	187.00	195.50	204.00	212.50
	Vagotomy	235.00	246.75	258.50	270.25	282.00	293.75
	Colectomy, partial	290.00	304.50	319.00	333.50	348.00	362.50

	Cholecystectomy	285.00	299.25	313.50	327.75	342.00	356.25
	Esophagectomy	500.00	525.00	550.00	575.00	600.00	625.00
	Gastrectomy, partial	310.00	325.50	341.00	356.50	372.00	387.50
	Gastrectomy, total	500.00	525.00	550.00	575.00	600.00	625.00
	Biopsy bowel	30.00	31.50	33.00	34.50	36.00	37.50
	Colonoscopy w/ biopsy	30.00	31.50	33.00	34.50	36.00	37.50
	Colonoscopy remove tumor	120.00	126.00	132.00	138.00	144.00	150.00
	Colectomy, partial w/ anastomosis	290.00	304.50	319.00	333.50	348.00	362.50
	Colectomy w/ ileostomy	390.00	409.50	429.00	448.50	468.00	487.50
	Proctectomy, complete	390.00	409.50	429.00	448.50	468.00	487.50
	Proctosigmoidoscopy	20.00	21.00	22.00	23.00	24.00	25.00
	Cholecystotomy	160.00	168.00	176.00	184.00	192.00	200.00
	Partial removal pancreas	315.00	330.75	346.50	362.25	378.00	393.75
	Exploratory laparotomy	170.00	178.50	187.00	195.50	204.00	212.50
	Endoscopy	70.00	73.50	77.00	80.50	84.00	87.50
Ear/Nose	Tympanotomy	100.00	105.00	110.00	115.00	120.00	125.00
	Myringoplasty	115.00	120.75	126.50	132.25	138.00	143.75
	Mastoidectomy, simple	155.00	162.75	170.50	178.25	186.00	193.75
	Mastoidectomy, radical	220.00	231.00	242.00	253.00	264.00	275.00
	Tonsillectomy, w/ or w/o adenoidectomy	70.00	73.50	77.00	80.50	84.00	87.50
Eye	Cataract	140.00	147.00	154.00	161.00	168.00	175.00
	Enucleation	265.00	278.25	291.50	304.75	318.00	331.25
	Corneal transplant	230.00	241.50	253.00	264.50	276.00	287.50
GYN/Genitalia	Dilation & curettage (D&C)	55.00	57.75	60.50	63.25	66.00	68.75
	Tubal ligations	85.00	89.25	93.50	97.75	102.00	106.25
	Colposcopy	40.00	42.00	44.00	46.00	48.00	50.00
	Endometrial biopsy	25.00	26.25	27.50	28.75	30.00	31.25

	Caesarean delivery	230.00	241.50	253.00	264.50	276.00	287.50
	Hysterectomy, partial	225.00	236.25	247.50	258.75	270.00	281.25
	Hysterectomy, total	225.00	236.25	247.50	258.75	270.00	281.25
	Hysterectomy, radical w/lymphadenectomy	415.00	435.75	456.50	477.25	498.00	518.75
	Hysterectomy, vaginal	190.00	199.50	209.00	218.50	228.00	237.50
	Vulvectomy, simple partial	120.00	126.00	132.00	138.00	144.00	150.00
	Vulvectomy, simple complete	135.00	141.75	148.50	155.25	162.00	168.75
	Vulvectomy, radical partial	190.00	199.50	209.00	218.50	228.00	237.50
	Vulvectomy, radical complete	325.00	341.25	357.50	373.75	390.00	406.25
	Testis, Biopsy	20.00	21.00	22.00	23.00	24.00	25.00
	Orchiectomy	125.00	131.25	137.50	143.75	150.00	156.25
Heart	Pacemaker, insertion	185.00	194.25	203.50	212.75	222.00	231.25
	Angioplasty each vessel	120.00	126.00	132.00	138.00	144.00	150.00
	Replacement of aortic valve	485.00	509.25	533.50	557.75	582.00	606.25
	Coronary artery with graft	450.00	472.50	495.00	517.50	540.00	562.50
	Coronary artery 3 grafts	500.00	525.00	550.00	575.00	600.00	625.00
	Ascending aorta graft	305.00	320.25	335.50	350.75	366.00	381.25
Larynx	Laryngoscopy with biopsy	20.00	21.00	22.00	23.00	24.00	25.00
	Laryngectomy	295.00	309.75	324.50	339.25	354.00	368.75
	Laryngectomy w/ dissection	395.00	414.75	434.50	454.25	474.00	493.75
Liver	Needle biopsy	50.00	52.50	55.00	57.50	60.00	62.50
	Wedge biopsy	170.00	178.50	187.00	195.50	204.00	212.50
	Hepatectomy	485.00	509.25	533.50	557.75	582.00	606.25
Lungs	Needle biopsy	35.00	36.75	38.50	40.25	42.00	43.75
	Bronchoscopy w/ biopsy	80.00	84.00	88.00	92.00	96.00	100.00
	Thoracotomy	135.00	141.75	148.50	155.25	162.00	168.75

	Pneumonectomy	370.00	388.50	407.00	425.50	444.00	462.50
	Lobectomy	345.00	362.25	379.50	396.75	414.00	431.25
Lymphatic	Lymph node biopsy	70.00	73.50	77.00	80.50	84.00	87.50
	Lymphadenectomy	185.00	194.25	203.50	212.75	222.00	231.25
	Lymphadenectomy, cervical	235.00	246.75	258.50	270.25	282.00	293.75
Misc.	Foot surgery	115.00	120.75	126.50	132.25	138.00	143.75
	Vasectomy	105.00	110.25	115.50	120.75	126.00	131.25
	Repair of diaphragm hernia	130.00	136.50	143.00	149.50	156.00	162.50
	Hernia repair	85.00	89.25	93.50	97.75	102.00	106.25
	Tumor excision neck	95.00	99.75	104.50	109.25	114.00	118.75
	Laminectomy	390.00	409.50	429.00	448.50	468.00	487.50
	Vertebral corpectomy	405.00	425.25	445.50	465.75	486.00	506.25
	Muscle Biopsy	45.00	47.25	49.50	51.75	54.00	56.25
Skin	Biopsy	20.00	21.00	22.00	23.00	24.00	25.00
	Excision lesion w/o graft	35.00	36.75	38.50	40.25	42.00	43.75
	Excision lesion w/ graft	75.00	78.75	82.50	86.25	90.00	93.75
	Chemosurgery (Mohs' technique)	145.00	152.25	159.50	166.75	174.00	181.25
Urinary	Prostate biopsy	55.00	57.75	60.50	63.25	66.00	68.75
	Cystoscopy	50.00	52.50	55.00	57.50	60.00	62.50
	TUR prostate	165.00	173.25	181.50	189.75	198.00	206.25
	Kidney biopsy	35.00	36.75	38.50	40.25	42.00	43.75
	Prostatectomy, radical	380.00	399.00	418.00	437.00	456.00	475.00
	Prostatectomy, subtotal	240.00	252.00	264.00	276.00	288.00	300.00
	Nephrectomy	235.00	246.75	258.50	270.25	282.00	293.75
	Cystectomy, partial	215.00	225.75	236.50	247.25	258.00	268.75
	Cystectomy, complete	325.00	341.25	357.50	373.75	390.00	406.25
	Cystotomy	100.00	105.00	110.00	115.00	120.00	125.00
Vascular	Central venous catheter	60.00	63.00	66.00	69.00	72.00	75.00

	Venous access port, insert	175.00	183.75	192.50	201.25	210.00	218.75
	Venous access port, removal	50.00	52.50	55.00	57.50	60.00	62.50