

**What if you
or a family
member were
hospitalized
tomorrow...**

could you pay for your out-of-pocket treatment
expenses, plus cover daily living expenses?



CAR



GROCERIES



BILLS



PRESCRIPTIONS

Supplemental Health Insurance

Supplements existing medical coverage with cash benefits
to help you pay for out-of-pocket hospital expenses

The supplemental health plan from Allstate Benefits provides cash benefits
for hospitalization-related expenses. We can help cover them as they happen.



Allstate
BENEFITS

supplemental health insurance

Having to undergo hospital or outpatient treatment can be financially difficult if money is tight and you are not prepared. But 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 might be paid in the event you or a covered family member are hospitalized.*

The infographic is divided into three vertical panels. The left panel features a woman's icon and a signpost with 'Bike Path' and 'Hospital' arrows. The middle panel describes Jane's medical journey. The right panel contains a table of benefits and a piggy bank icon.

Jane's coverage provided the following benefits:	
Initial Hospitalization	\$1,000
Daily Hospital Confinement	\$2,000
Total Benefits:	\$3,000

*The example shown may vary from your coverage. Your individual experience may also vary.

meeting your needs

Our supplemental health options plan can help provide you and your family financial support if you have hospital or outpatient treatment.

- Includes benefits for hospitalization.
- Benefits paid regardless of any other coverage
- Benefits paid directly to you unless assigned elsewhere
- Coverage options for yourself and your family

benefit coverage highlights

Benefits are paid when recommended by a physician for sickness or injury. **Benefit amounts are shown on page 2a.**

HOSPITALIZATION BENEFITS

Daily Hospital Confinement Benefit – Pays a benefit for an inpatient hospital stay. Maximum of 365 days for each period of continuous confinement.

Hospital Intensive Care Unit Confinement Benefit – Pays a benefit for an intensive-care unit stay in addition to the Daily Hospital Confinement Benefit. Maximum of 60 days each continuous intensive-care confinement.

Waiver of Premium Benefit – Pays premiums after you have been hospitalized for 30 days in a row, for as long as hospital confinement lasts.

ADDITIONAL RIDER BENEFIT

Initial Hospitalization – Pays a benefit for the first hospital confinement during the year when a benefit is paid under Daily Hospital Confinement. Payable once each year per person.

Admitted to the
hospital



Surgery is
performed



A doctor visits
you daily



You get paid
cash benefits*

*Subject to policy and rider coverage and specifications.

POLICY AND RIDER SPECIFICATIONS

Renewability - The policy and riders are guaranteed renewable to age 65, subject to change in premiums by class.

Eligibility/Termination - (a) Coverage may include you, your spouse and children. (b) Coverage under the policy ends on the date the policy is canceled or the last day premium payments were made. (c) Spouse coverage ends upon the earliest of his or her 65th birthday, valid decree of divorce, or your death. (d) Coverage for children ends when each child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

LIMITATIONS AND EXCLUSIONS

Hospital Intensive Care Exclusion - We do not pay the hospital intensive-care unit benefit for confinement in any care unit that does not qualify as a hospital intensive-care unit. Progressive care, sub-acute intensive care, intermediate care or step down units, private rooms with monitoring or any other lesser care treatment units do not qualify.

Pre-Existing Condition - We do not pay benefits due to a pre-existing condition during the first 12 months of coverage. A pre-existing condition is a condition not revealed in the application for which: symptoms existed within the 1-year period prior to the effective date, or medical advice or treatment was recommended or received from a physician within the 1-year period before the application date.

Supplemental Health Exclusions and Other Limitations - We do not pay benefits for: (a) any act of war or participation in a riot, insurrection or rebellion; or (b) attempted suicide or intentional self-inflicted injury; or (c) intoxication or being under the influence of drugs not prescribed or recommended by a physician; or (d) alcoholism or drug addiction; or (e) nervous or mental disorders; or (f) dental or plastic surgery for cosmetic purposes, except when required due to an injury or for correction of disorders of normal bodily functions; or (g) a newborn child's routine nursing or well-baby care; or (h) childbirth within the first 10 months of the effective date (complications of pregnancy are covered the same as sickness); or (i) hospitalization beginning before the effective date; or (j) benefits that duplicate benefits paid by Medicare; or (k) any care unit that does not qualify as a hospital intensive-care unit, as defined.

This material is valid as long as information remains current, but in no event later than July 1, 2016.

Supplemental Health benefits provided by policy CHC, or state variations thereof. Rider benefits provided by rider IHR1, or state variations thereof.

The policy and riders provide Limited Benefit Supplemental Health Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Allstate Benefits.

This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. **For complete details, contact your Allstate Benefits Agent, or go to allstatebenefits.com.** Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

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: OH



Allstate
BENEFITS

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supplemental health insurance

HOSPITALIZATION BENEFITS

	PLAN 1	PLAN 2
Daily Hospital Confinement ¹	\$100	\$200
Hospital Intensive Care Unit ¹	\$100	\$200
Waiver of Premium	Yes	Yes

ADDITIONAL RIDER BENEFIT

	PLAN 1	PLAN 2
Initial Hospitalization	\$1,000	\$1,250

¹ daily

premiums

PLAN 1 WEEKLY

AGES	EE	EE + SP	EE + CH	F
18-35	\$5.31	\$10.62	\$9.23	\$14.54
36-49	\$6.00	\$12.00	\$9.79	\$15.79
50-59	\$7.53	\$15.05	\$10.07	\$17.59
60-64	\$9.65	\$19.30	\$10.57	\$20.22

PLAN 1 BI-WEEKLY

AGES	EE	EE + SP	EE + CH	F
18-35	\$10.62	\$21.24	\$18.46	\$29.08
36-49	\$12.00	\$24.00	\$19.58	\$31.58
50-59	\$15.06	\$30.10	\$20.14	\$35.18
60-64	\$19.30	\$38.60	\$21.14	\$40.44

PLAN 1 SEMI-MONTHLY

AGES	EE	EE + SP	EE + CH	F
18-35	\$11.50	\$23.00	\$20.00	\$31.50
36-49	\$13.00	\$26.00	\$21.20	\$34.20
50-59	\$16.30	\$32.60	\$21.80	\$38.10
60-64	\$20.90	\$41.80	\$22.90	\$43.80

PLAN 1 MONTHLY

AGES	EE	EE + SP	EE + CH	F
18-35	\$23.00	\$46.00	\$40.00	\$63.00
36-49	\$26.00	\$52.00	\$42.40	\$68.40
50-59	\$32.60	\$65.20	\$43.60	\$76.20
60-64	\$41.80	\$83.60	\$45.80	\$87.60

PLAN 2 WEEKLY

AGES	EE	EE + SP	EE + CH	F
18-35	\$8.47	\$16.94	\$14.66	\$23.13
36-49	\$9.58	\$19.16	\$15.63	\$25.20
50-59	\$12.07	\$24.14	\$16.04	\$28.11
60-64	\$15.70	\$31.39	\$16.92	\$32.61

PLAN 2 BI-WEEKLY

AGES	EE	EE + SP	EE + CH	F
18-35	\$16.94	\$33.88	\$29.32	\$46.26
36-49	\$19.16	\$38.32	\$31.26	\$50.40
50-59	\$24.14	\$48.28	\$32.08	\$56.22
60-64	\$31.40	\$62.78	\$33.84	\$65.22

PLAN 2 SEMI-MONTHLY

AGES	EE	EE + SP	EE + CH	F
18-35	\$18.35	\$36.70	\$31.75	\$50.10
36-49	\$20.75	\$41.50	\$33.85	\$54.60
50-59	\$26.15	\$52.30	\$34.75	\$60.90
60-64	\$34.00	\$68.00	\$36.65	\$70.65

PLAN 2 MONTHLY

AGES	EE	EE + SP	EE + CH	F
18-35	\$36.70	\$73.40	\$63.50	\$100.20
36-49	\$41.50	\$83.00	\$67.70	\$109.20
50-59	\$52.30	\$104.60	\$69.50	\$121.80
60-64	\$68.00	\$136.00	\$73.30	\$141.30

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Children; F = Family

Issue Ages: 18 to 64



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