



BASE BENEFITS		OPTION 1	OPTION 2
Initial Hospitalization Confinement	year 1	\$415.00	\$830.00
	year 2	\$435.75	\$871.50
	year 3	\$456.50	\$913.00
	year 4	\$477.25	\$954.50
	year 5	\$498.00	\$996.00
	year 6+	\$518.75	\$1037.50
Daily Hospital Confinement <sup>1</sup>	per day, year 1	\$165.00	\$330.00
	per day, year 2	\$173.25	\$346.50
	per day, year 3	\$181.50	\$363.00
	per day, year 4	\$189.75	\$379.50
	per day, year 5	\$198.00	\$396.00
	per day, year 6+	\$206.25	\$412.50
Hospital Intensive Care <sup>2</sup>	per day, year 1	\$165.00	\$330.00
	per day, year 2	\$173.25	\$346.50
	per day, year 3	\$181.50	\$363.00
	per day, year 4	\$189.75	\$379.50
	per day, year 5	\$198.00	\$396.00
	per day, year 6+	\$206.25	\$412.50
Surgery (according to schedule)	per day, year 1	\$33 - \$825	\$33 - \$825
	per day, year 2	\$34.65 - \$866.25	\$34.65 - \$866.25
	per day, year 3	\$36.30 - \$907.50	\$36.30 - \$907.50
	per day, year 4	\$37.95 - \$948.75	\$37.95 - \$948.75
	per day, year 5	\$39.60 - \$990	\$39.60 - \$990
	per day, year 6+	\$41.25 - \$1,031.25	\$41.25 - \$1,031.25
Anesthesia (% of surgery benefit)			25%
Inpatient Physician's Treatment <sup>3</sup>	per day, year 1	\$41.00	\$41.00
	per day, year 2	\$43.05	\$43.05
	per day, year 3	\$45.10	\$45.10
	per day, year 4	\$47.15	\$47.15
	per day, year 5	\$49.20	\$49.20
	per day, year 6+	\$51.25	\$51.25
Outpatient Emergency Accident <sup>4</sup>	per day, year 1	\$415.00	\$415.00
	per day, year 2	\$435.75	\$435.75
	per day, year 3	\$456.50	\$456.50
	per day, year 4	\$477.25	\$477.25
	per day, year 5	\$498.00	\$498.00
	per day, year 6+	\$518.75	\$518.75
Outpatient Physicians Treatment <sup>5</sup>	per day, year 1	\$41.00	\$41.00
	per day, year 2	\$43.05	\$43.05
	per day, year 3	\$45.10	\$45.10
	per day, year 4	\$47.15	\$47.15
	per day, year 5	\$49.20	\$49.20
	per day, year 6+	\$51.25	\$51.25
At-Home Nursing <sup>6</sup>	per day, year 1	\$83.00	\$83.00
	per day, year 2	\$87.15	\$87.15
	per day, year 3	\$91.30	\$91.30
	per day, year 4	\$95.45	\$95.45
	per day, year 5	\$99.60	\$99.60
	per day, year 6+	\$103.75	\$103.75
Ambulance <sup>7</sup>	per day, year 1	\$249.00	\$249.00
	per day, year 2	\$261.45	\$261.45
	per day, year 3	\$273.90	\$273.90
	per day, year 4	\$286.35	\$286.35
	per day, year 5	\$298.80	\$298.80
	per day, year 6+	\$311.25	\$311.25



Group Supplemental Health Insurance (Florida)

Non-Local Transportation <sup>7</sup>	per day, year 1	\$249.00	\$249.00
	per day, year 2	\$261.45	\$261.45
	per day, year 3	\$273.90	\$273.90
	per day, year 4	\$286.35	\$286.35
	per day, year 5	\$298.80	\$298.80
	per day, year 6+	\$311.25	\$311.25

Option 1: 1 Base, 1 S&R, 1 OPT  
 Option 2: 2 Base, 1 S&R, 1 OPT

<sup>1</sup>Max 180 days per confinement

<sup>2</sup>Max 60 days per confinement, Daily Hospital Confinement benefit must also be payable

<sup>3</sup>Limited to number of days Daily Hospital Confinement is payable

<sup>4</sup>Limited to 2 days per covered person per coverage year

<sup>5</sup>Limited to 5 days per covered person per covered year; Max 10 days for Employee + Spouse or Employee + Child(ren); Max 15 days per Family

<sup>6</sup>Payable once per day, limited to 30 days within 60 days following hospital confinement

<sup>7</sup>Payable once per continuous hospital confinement, limited to Max 3 days per covered person per year



Group Supplemental Health Insurance (Florida)

PREMIUMS				
OPTION 1   Weekly	EE	EE + SP	EE + CH	F
18-35	\$ 4.93	\$ 9.43	\$ 8.28	\$ 12.53
36-49	\$ 5.74	\$ 11.01	\$ 9.50	\$ 14.51
50-59	\$ 7.02	\$ 13.82	\$ 10.90	\$ 17.40
60-64	\$ 9.18	\$ 18.36	\$ 13.17	\$ 22.00
65+	\$ 12.09	\$ 24.18	\$ 16.45	\$ 28.13

EE = Employee, EE + SP = Employee & Spouse, EE + CH = Employee & Child(ren), F = Family

PREMIUMS				
OPTION 1   Biweekly	EE	EE + SP	EE + CH	F
<b>18-35</b>	\$ 9.86	\$ 18.86	\$ 16.56	\$ 25.06
<b>36-49</b>	\$ 11.48	\$ 22.02	\$ 19.00	\$ 29.02
<b>50-59</b>	\$ 14.04	\$ 27.64	\$ 21.80	\$ 34.80
<b>60-64</b>	\$ 18.36	\$ 36.72	\$ 26.34	\$ 44.00
<b>65+</b>	\$ 24.18	\$ 48.36	\$ 32.90	\$ 56.26

EE = Employee, EE + SP = Employee & Spouse, EE + CH = Employee & Child(ren), F = Family

PREMIUMS				
OPTION 1   Semimonthly	EE	EE + SP	EE + CH	F
18-35	\$ 10.67	\$ 20.43	\$ 17.94	\$ 27.17
36-49	\$ 12.42	\$ 23.85	\$ 20.59	\$ 31.43
50-59	\$ 15.21	\$ 29.93	\$ 23.62	\$ 37.69
60-64	\$ 19.89	\$ 39.78	\$ 28.53	\$ 47.67
65+	\$ 26.19	\$ 52.38	\$ 35.64	\$ 60.94

EE = Employee, EE + SP = Employee & Spouse, EE + CH = Employee & Child(ren), F = Family

PREMIUMS				
OPTION 1   Monthly	EE	EE + SP	EE + CH	F
18-35	\$ 21.33	\$ 40.88	\$ 35.87	\$ 54.28
36-49	\$ 24.84	\$ 47.70	\$ 41.17	\$ 62.86
50-59	\$ 30.42	\$ 59.85	\$ 47.23	\$ 75.38
60-64	\$ 39.42	\$ 79.56	\$ 57.06	\$ 95.33
65+	\$ 52.38	\$ 104.76	\$ 71.28	\$ 121.88

EE = Employee, EE + SP = Employee & Spouse, EE + CH = Employee & Child(ren), F = Family



Group Supplemental Health Insurance (Florida)

PREMIUMS				
OPTION 2   Weekly	EE	EE + SP	EE + CH	F
18-35	\$ 7.38	\$ 13.92	\$ 11.92	\$ 18.20
36-49	\$ 8.64	\$ 16.37	\$ 13.76	\$ 21.22
50-59	\$ 10.76	\$ 21.06	\$ 15.76	\$ 25.77
60-64	\$ 14.38	\$ 28.75	\$ 19.03	\$ 33.05
65+	\$ 19.26	\$ 38.51	\$ 23.93	\$ 42.77

EE = Employee, EE + SP = Employee & Spouse, EE + CH = Employee & Child(ren), F = Family

PREMIUMS				
OPTION 2   Biweekly	EE	EE + SP	EE + CH	F
18-35	\$ 14.76	\$ 27.84	\$ 23.84	\$ 36.40
36-49	\$ 17.28	\$ 32.74	\$ 27.52	\$ 42.44
50-59	\$ 21.52	\$ 42.12	\$ 31.52	\$ 51.54
60-64	\$ 28.76	\$ 57.50	\$ 38.06	\$ 66.10
65+	\$ 38.52	\$ 77.02	\$ 47.86	\$ 85.54

EE = Employee, EE + SP = Employee & Spouse, EE + CH = Employee & Child(ren), F = Family

PREMIUMS				
OPTION 2   Semimonthly	EE	EE + SP	EE + CH	F
18-35	\$ 15.98	\$ 30.15	\$ 25.81	\$ 39.43
36-49	\$ 18.72	\$ 35.46	\$ 29.81	\$ 45.97
50-59	\$ 23.31	\$ 45.63	\$ 34.15	\$ 55.83
60-64	\$ 31.14	\$ 62.28	\$ 41.22	\$ 71.61
65+	\$ 41.72	\$ 83.43	\$ 51.84	\$ 92.67

EE = Employee, EE + SP = Employee & Spouse, EE + CH = Employee & Child(ren), F = Family

PREMIUMS				
OPTION 2   Monthly	EE	EE + SP	EE + CH	F
18-35	\$ 31.95	\$ 60.30	\$ 51.62	\$ 78.85
36-49	\$ 37.44	\$ 70.92	\$ 59.62	\$ 91.93
50-59	\$ 46.62	\$ 91.26	\$ 68.29	\$ 111.65
60-64	\$ 62.28	\$ 124.56	\$ 82.44	\$ 143.21
65+	\$ 83.43	\$ 166.86	\$ 103.68	\$ 185.33

EE = Employee, EE + SP = Employee & Spouse, EE + CH = Employee & Child(ren), F = Family



Plan design and rates indicate which of the following optional items are applicable to the proposed plan. Below information includes all possible policy provisions and options available in the proposed situs state.

Policy GVSP1 pays the following benefits for services and treatments administered to or received by a covered person. Such treatment or service must be (a) incurred by a covered person while coverage under the policy and certificate is in force on that person; (b) necessary for the care and treatment of sickness or injury of a covered person; and (c) recommended by a physician. Any loss not stated is not covered. Treatment must be received in the United States or its territories. With the exception of disability and life riders, benefits increase each coverage year up to year 6.

#### BASE BENEFITS

**Initial Hospitalization Confinement** - Allstate Benefits pays the benefit amount shown for the first confinement to a hospital during a coverage year, provided a benefit is paid under the Daily Hospital Confinement Benefit. The benefit is payable only once per covered person per continuous hospital confinement and per coverage year. The benefit is not paid for normal pregnancy or complications of pregnancy, or for a newborn child's initial hospitalization after birth.

**Daily Hospital Confinement** - Allstate Benefits pays the benefit amount shown for each day a covered person is admitted to and confined as an inpatient in a hospital as a result of an injury or sickness. Maximum of 180 days for each period of continuous hospital confinement. The benefit is not payable for a newborn child's routine nursing or routine well baby care during the initial hospital confinement.

**Hospital Intensive Care** - Allstate Benefits pays the amount shown for each day a covered person is confined to a hospital intensive care unit, provided a benefit is also paid under the Daily Hospital Confinement Benefit. The covered person must provide proof for each day that a hospital intensive care room and board charge is incurred. Paid in addition to the Daily Hospital Confinement Benefit. Maximum of 60 days for each period of continuous hospital confinement.

**Surgery** - Allstate Benefits pays a benefit up to the amount shown, depending on the surgery, for a surgical operation performed in a hospital or an ambulatory surgical center. Two or more procedures performed at the same time through one incision are considered one operation; Allstate Benefits pays the amount shown in the Schedule of Operations for the operation with the largest benefit. If any operation other than those listed is performed, Allstate Benefits pays an amount based upon the amount stated in the Schedule of Operations for the most comparable procedure.

**Anesthesia** - pays 25% of surgical benefit for anesthesia received by a covered person during the course of a covered surgical operation.

**Inpatient Physicians Treatment** - Allstate Benefits pays the amount shown for each day a covered person requires and receives the services of a physician (other than a surgeon) during a covered hospital confinement. The benefit is payable for the number of days the Daily Hospital Confinement Benefit is payable.

**Outpatient Emergency Accident** - Allstate Benefits pays the amount shown for each day a covered person, as a result of an injury, receives medical or surgical treatment in an emergency treatment center. Payable only once per day per covered person. Limited to 2 days per covered person per coverage year.

**Outpatient Physician's Treatment Benefit** - Allstate Benefits pays the amount shown if a covered person is treated by a physician for any cause outside of a hospital. Limited to 5 visits per covered person per coverage year; and a maximum of 10 visits per coverage year for Individual and Spouse coverage or Individual and Children coverage; or a maximum of 15 visits per coverage year if Family Coverage.

**At-Home Nursing** - Allstate Benefits pays the amount shown for each day a covered person requires at home nursing care during the 60 days following a hospital confinement covered under the policy. At home nursing services must be required and authorized by the attending physician. The benefit is limited to 1 visit per day and a total of 30 visits within the 60 days following a covered hospital confinement.

**Ambulance Benefit** - Allstate Benefits pays the amount shown for transfer by a licensed ambulance service or hospital owned ambulance to a hospital or emergency treatment center (for air ambulance, the benefit pays 2 times the amount stated). Limited to a maximum of 3 trips per covered person, per coverage year.

**Non-Local Transportation Benefit** - Allstate Benefits pays the amount shown when a covered person requires hospital confinement for treatment prescribed by the local attending physician that cannot be obtained locally. Non-local treatment must be received beyond a 100-mile radius from the home of the covered person. Limited to 3 round trips per covered person per coverage year.



**Terms of Coverage** - Family Plan coverage may include employee/member, spouse 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.

**Effective Date** - The effective date of coverage will be the policy date assigned by the Home Office and shown on the certificate specification page, not the application date.

**Pre-Existing Condition Limitation** - Allstate Benefits does not pay for any loss due to a pre-existing condition as defined during the 12-month period beginning on the date that person became a covered person. A Pre-Existing Condition is a disease or physical condition for which: symptoms existed within the 12 month period prior to the effective date of coverage; or medical advice or treatment was recommended or received from a member of the medical profession within the 12 month period prior to the effective date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made.

**Policy Limitations and Exclusions** - Allstate Benefits does not pay benefits caused by or resulting from:

1. injury or sickness incurred prior to the covered person's effective date of coverage subject to the Pre-Existing Condition Limitation and Incontestability provisions; or
2. any act of war whether or not declared, participation in a riot, insurrection or rebellion; or
3. suicide, or any attempt at suicide, whether sane or insane; or
4. any injury sustained while the covered person is under the influence of alcohol or any narcotic, unless administered upon the advice of a physician; or
5. participation in any form of aeronautics (including parachuting, parasailing and hang gliding) except as a farepaying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or
6. injury incurred while engaging in an illegal occupation or committing or attempting to commit an assault or felony; or
7. 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
8. alcoholism, drug addiction, or dependence upon any controlled substance; or
9. mental or nervous disorders; or
10. intentionally self-inflicted injuries; or
11. a newborn child's routine nursing or routine well baby care during the initial hospital confinement; or
12. childbirth occurring within the first 10 months of the covered person's effective date of coverage (complications of pregnancy are covered to the same extent as a sickness); or
13. hospitalization that begins before the covered person's effective date of coverage; or
14. the reversal of a tubal ligation and vasectomy; or
15. artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law; or
16. routine eye examinations or fitting of eye glasses; or
17. hearing aids or fitting of hearing aids; or
18. dental examinations or dental care other than expenses resulting from an accident; or
19. driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway.

**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. 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 child reaches age 26 or otherwise does not meet the requirements of an eligible dependent.

**Continuation of Coverage (COBRA)** - This plan is subject to the same federal COBRA continuation requirements that apply to medical plans. However, it does not apply to the Off the Job Disability and Life riders. In general, this allows you to continue your insurance under the policy for 18 months after your employment terminates as long as premiums are paid. If your dependent would lose coverage due to your death, divorce, or attainment of the limiting age for eligibility of dependents, the coverage may be continued for up to 36 months. If the policy is terminated by your employer before the end of the COBRA continuation period, this COBRA continuation coverage will end.

**Portability Privilege** - 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 dependent 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.

**Rider Termination** - The rider(s) terminate at the earliest of the end of the grace period or the date the policy terminates. An insured employee's/member's coverage under the rider will also terminate at the earliest of: the date insurance ends according to the "Termination of Coverage" provision in the policy; or the next renewal date after an insured employee's/member's request to terminate coverage under the rider; (Disability Rider Only - or the next renewal date after an insured employee's/member's 70th birthday). Rider benefits are subject to all of the terms, conditions and provisions of the policy excluding the Continuation of Insurance (COBRA) and Portability provisions. All terms defined and used in the policy apply to the rider unless otherwise provided in the rider.

**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.



## Group Supplemental Health Insurance (Florida)