



Allstate BENEFITS

Protection for accidental
injuries on- and off-the-job,
24 hours a day

Accident Insurance

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as dismemberment, dislocation or fracture, ambulance services, physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations*
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls.
Practical benefits for everyday living.®

DID YOU KNOW ?

The number of injuries suffered by workers in one year, both on- and off-the-job, includes:†

ON-THE-JOB (in millions)



Work
4.4

OFF-THE-JOB (in millions)



Home
25.0



Non-Auto
12.6



Auto
4.3

Offered to the employees of:



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

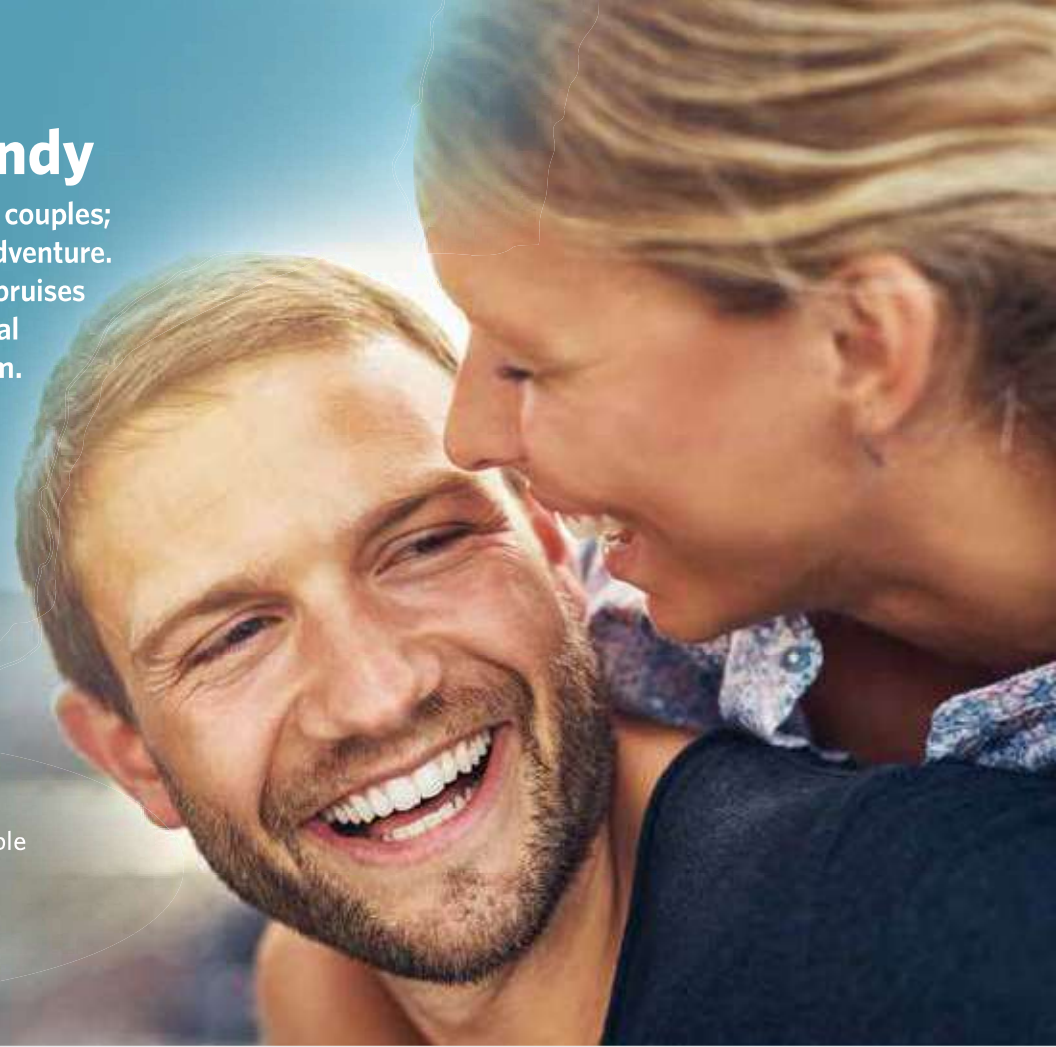
†National Safety Council, Injury Facts®, 2019 Edition

Meet Daniel & Sandy

Daniel and Sandy are like most active couples; they enjoy the outdoors and a great adventure. They have seen their share of bumps, bruises and breaks. Sandy knows an accidental injury could happen to either of them. Most importantly, she worries about how they will pay for it.

Here is what weighs heavily on her mind:

- Major medical will only pay a portion of the expenses associated with injury treatments
- They have copays they are responsible for until they meet their deductible
- If they miss work because of an injury, they must cover the bills, rent/mortgage, groceries and their child's education
- If they need to seek treatment not available locally, they will have to pay for it



Daniel's story of injury and treatment turned into a happy ending, because he had supplemental Accident Insurance to help with expenses.



CHOOSE

Daniel and Sandy choose benefits to help protect their family if they suffer an accidental injury.



USE

Daniel was playing a pick-up game of basketball with his friends when he went up for a jump-shot and, on his way back down, twisted his foot and ruptured his Achilles tendon.

Here's Daniel's treatment path:

- Taken by ambulance to the emergency room
- Examined by a doctor and X-rays were taken
- Underwent surgery to reattach the tendon
- Visited by his doctor and released after a one-day stay in the hospital
- Had to immobilize his ankle for 6 weeks
- Seen by the doctor during a follow-up visit and sent to physical therapy to strengthen his leg and improve his mobility

Daniel would go online after each of his treatments to file claims. The cash benefits were direct deposited into his bank account.

Daniel is back playing basketball and enjoying life.



CLAIM

Daniel's Accident claim paid cash benefits for the following:

Ground Ambulance

Medicine

Emergency Room

X-rays

Initial Hospital Confinement

Daily Hospital Confinement

Accident Physician's Treatment

Tendon Surgery

General Anesthesia

Outpatient Physician

Physical Therapy (3 days/week)

For a listing of benefits and benefit amounts, see pages 3, 4 and 5.

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 mybenefits.allstate.com

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.

Dependent Eligibility

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

*Six treatments per covered person, per accident. **Up to three times per covered person, per accident. ¹Multiple dislocations, fractures, dismemberments or functional losses from the same accident are limited to the amount shown in the Benefit Amounts on page 4. ²Two or more surgeries done at the same time are considered one operation. ³Paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. Not paid for days on which the Daily Hospital Confinement benefit is paid.

Benefits (subject to maximums as listed on pages 4 and 5)

BASE POLICY BENEFITS

Initial Hospital Confinement

Daily Hospital Confinement - up to 365 days for any one accident

Intensive Care - up to 180 days for each period of continuous confinement

RIDER BENEFITS ADDED TO BASE POLICY

Accident Treatment & Urgent Care Rider

Benefits for: Ground Ambulance, Air Ambulance, Accident Physician's Treatment, X-ray, Urgent Care

Dislocation/Fracture Rider¹ - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule on page 5

Emergency Room Services Rider - received as a result of injury

ADDITIONAL RIDER BENEFITS

Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider - Once per day, per covered person, not to exceed 2 days per covered person, per calendar year and a maximum of 4 days per calendar year if dependents are covered. Does not cover sickness

Accidental Death, Dismemberment and Functional Loss Rider

Benefits for: Accidental Death, Common Carrier, Dismemberment¹, Functional Loss¹

Benefit Enhancement Rider

Accident Follow-Up Treatment - not payable for the same visit for which the Physical, Occupational or Speech Therapy benefit is paid*

Lacerations

Burns - treatment for one or more burns, other than sunburns

Skin Graft - for a burn for which a benefit is paid under the Burns benefit

Brain Injury Diagnosis - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage. Must be diagnosed by CT Scan, MRI, EEG, PET scan or X-ray

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) - treatments must be received within 30 days after the accident. Payable once per covered person, per accident, per calendar year

Paralysis - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for 90 consecutive days

Coma with Respiratory Assistance - unconsciousness lasting 7 or more days; intubation required. Medically induced comas excluded

Open Abdominal or Thoracic Surgery - must be performed by a physician²

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery - surgery for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery²

Ruptured Disc Surgery - diagnosis and surgical repair to a ruptured disc of the spine by a physician²

Eye Surgery - surgery or removal of a foreign object by a physician

General Anesthesia - payable only if one of the rider Surgery benefits is paid

Blood and Plasma

Appliance - physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility

Medical Supplies

Medicine

Prosthesis - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident

Physical, Occupational or Speech Therapy - 1 treatment per day; maximum of 6 treatments per accident. Includes chiropractic services. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid

Rehabilitation Unit - must be hospital-confined due to an injury prior to being transferred to rehab³

Non-Local Transportation - obtaining treatment more than 50 miles from your home when not available locally. Ground or air ambulance is not covered**

Family Member Lodging - 1 adult family member to be with you while you are hospital confined. Not paid if family member lives within 50 miles of the hospital. Payable up to 30 days per accident

Post-Accident Transportation - three-day hospital stay more than 250 miles from your home, with a flight on a common carrier to return home. Payable only if the Daily Hospital Confinement benefit is paid

Broken Tooth - dental repair by crown, filling or extraction; only one of the three is covered per accident. Injury must be to natural teeth and cannot be due to biting or chewing

Residence/Vehicle Modification - permanent structural modification certified necessary by a physician, within 365 days after accident

Pain Management (Epidural Injection) - injection in the spine to manage pain due to an accidental injury

Miscellaneous Outpatient Surgery - physician-performed outpatient surgical procedure. Not paid if one of the following benefits is paid: Open Abdominal or Thoracic Surgery; Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery; Ruptured Disc Surgery; or Eye Surgery

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted

BASE POLICY BENEFITS		PLAN
Initial Hospital Confinement (pays once/year)		\$1,000
Daily Hospital Confinement (pays daily)		\$200
Intensive Care (pays daily)		\$400
RIDER BENEFITS		PLAN
Accident Treatment and Urgent Care Rider		
Ambulance	Ground	\$400
	Air	\$1,200
Accident Physician's Treatment		\$200
X-ray		\$400
Urgent Care		\$200
Dislocation or Fracture Rider ⁴		\$4,000
Emergency Room Services Rider		\$200
Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider (pays daily)		\$50
Accidental Death, Dismemberment ⁴ and Functional Loss ⁴ Rider		\$40,000
Common Carrier Accidental Death (fare-paying passenger)		\$100,000
BENEFIT ENHANCEMENT RIDER		PLAN
Accident Follow-Up Treatment (pays daily)		\$100
Lacerations		\$100
Burns	< 15% body surface	\$200
	15% or more	\$1,000
Skin Graft (% of Burns Benefit)		50%
Brain Injury Diagnosis		\$600
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		\$200
Paralysis (pays once)	Paraplegia	\$15,000
	Quadriplegia	\$30,000
Coma with Respiratory Assistance		\$20,000
Open Abdominal or Thoracic Surgery		\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000
	Exploratory	\$300
Ruptured Spinal Disc Surgery		\$1,000
Eye Surgery		\$200
General Anesthesia		\$200
Blood and Plasma		\$600
Appliance		\$250
Medical Supplies		\$10
Medicine		\$10
Prosthesis	1 device	\$1,000
	2 or more devices	\$2,000
Physical, Occupational or Speech Therapy (pays daily)		\$60
Rehabilitation Unit (pays daily)		\$200
Non-Local Transportation		\$500
Family Member Lodging (pays daily)		\$200
Post-Accident Transportation (pays once/year)		\$400
Broken Tooth		\$200
Residence/Vehicle Modification		\$1,000
Pain Management (Epidural Injection)		\$100
Miscellaneous Outpatient Surgery		\$200

⁴Up to amount shown; see Injury Benefit Schedule on page 5. Multiple losses from same injury pay only up to amount shown above.

PLAN PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$3.84	\$5.88	\$4.82	\$7.09
Semi-Monthly	\$8.32	\$12.73	\$10.43	\$15.35

Issue ages: 18 and Over if Actively at Work

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

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

Injury Benefit Schedule is on page 5

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	PLAN
Hip joint	\$4,000
Knee or ankle joint [^] , bone or bones of the foot [^]	\$1,600
Wrist joint	\$1,400
Elbow joint	\$1,200
Shoulder joint	\$800
Bone or bones of the hand [^] , collarbone	\$600
Two or more fingers or toes	\$280
One finger or toe	\$120
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN
Hip, thigh (femur), pelvis ^{^^}	\$4,000
Skull ^{^^}	\$3,800
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600
Foot ^{^^} , hand or wrist ^{^^}	\$1,400
Lower jaw ^{^^}	\$800
Two or more ribs, fingers or toes, bones of face or nose	\$600
One rib, finger or toe, coccyx	\$280
LOSS	PLAN
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000
One eye, hand, arm, foot, or leg	\$20,000
One or more entire toes or fingers	\$4,000

[^]Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ^{^^}Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

CERTIFICATE SPECIFICATIONS

Conditions and Limits

When an injury results in a covered loss within 180 days, unless otherwise stated, from the date of an accident, and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. 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).

Dependent Eligibility/Termination

Coverage may include you, your spouse or domestic partner or civil union partner, and your children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse or civil union partner coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends upon termination of the domestic partnership or your death.

When Coverage Ends

Coverage under the policy and riders ends on the earliest of: the date the policy or certificate is canceled; the last day of the period for which you made any required contributions; the 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; the date you are no longer in an eligible class; the date your class is no longer eligible; or discovery of fraud or material misrepresentation when filing a claim.

Continuing Your Coverage

Coverage may be continued under the Conversion Provision when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Exclusions and Limitations for Policy and the following riders: Accident Treatment and Urgent Care Rider; Dislocation/Fracture Rider; Emergency Room Services Rider; Accidental Death, Dismemberment and Functional Loss Rider; and Benefit Enhancement Rider

Benefits are not paid for any loss that is caused by, contributed to by or results from: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide, while sane or insane; intentionally self-inflicted injury or action; any bacterial infection (except from an accidental cut or wound); aviation unless a fare-paying passenger on a licensed common-carrier aircraft; any loss for which a contributing cause was the covered person's commission of or attempt to commit a felony or for which a contributing cause was the covered person's engagement in an illegal occupation; driving in any race or speed test or testing any vehicle on any racetrack or speedway; hernia, including complications; loss sustained or contracted as a consequence of the covered person's intoxication or being under the influence of any drug, unless administered or consumed and taken as prescribed by a physician; or serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

Exclusions and Limitations for Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider

Benefits are not paid for any loss that is caused by, contributed to by or results from: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide, while sane or insane; intentionally self-inflicted injury or action; aviation unless a fare-paying passenger on a licensed common-carrier aircraft; any loss for which a contributing cause was the covered person's commission of or attempt to commit a felony or for which a contributing cause was the covered person's engagement in an illegal occupation; driving in any race or speed test or testing an automobile or any vehicle on any racetrack or speedway; loss sustained or contracted as a consequence of the covered person's intoxication or being under the influence of any drug, unless administered or consumed and taken as prescribed by a physician; or serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

This brochure is for use in enrollments situated in NJ.

This material is valid as long as information remains current, but in no event later than September 1, 2026.

Group Accident benefits are provided under policy form GVAP6, or state variations thereof. Accident Rider benefits are provided under the following rider forms, or state variations thereof: Accident Treatment and Urgent Care Rider GP6AUC; Dislocation/Fracture Rider GP6DF; Emergency Room Services Rider GP6ERS; Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider GP6OPH; Accidental Death, Dismemberment and Functional Loss Rider GP6ADD; Benefit Enhancement Rider GP6BE.

The coverage provided is limited benefit supplemental accident 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.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2023 Allstate Insurance Company.
www.allstate.com or
allstatebenefits.com



Allstate
BENEFITS

Protection when faced with
a critical illness diagnosis
and you need treatment

Critical Illness Insurance

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Here's How It Works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Meeting Your Needs

- Guaranteed Issue coverage without a Pre-Existing Condition Limitation*
- Coverage available for individual and child(ren) or family
- Covered spouse receive 100% child(ren) receive 50% of your Basic-Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Practical benefits for everyday living.**®

DID YOU KNOW ?



Every 40 seconds,
an American
will suffer a
heart attack[†]



Every 40 seconds,
someone in
the U.S. has
a stroke^{††}

Offered to the employees of:



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

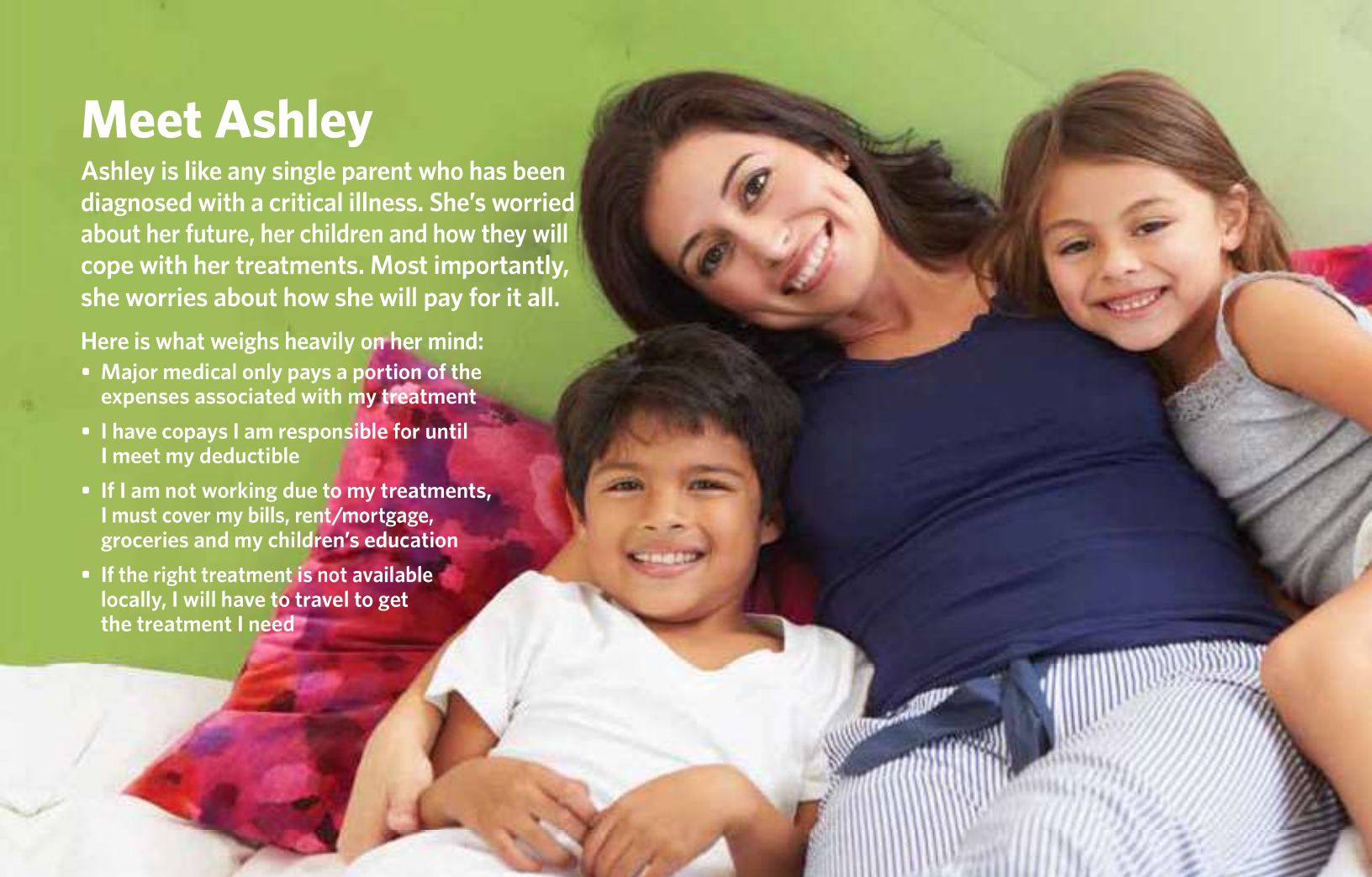
[†]https://www.cdc.gov/heartdisease/heart_attack.htm ^{††}<https://www.cdc.gov/stroke/facts.htm>

Meet Ashley

Ashley is like any single parent who has been diagnosed with a critical illness. She's worried about her future, her children and how they will cope with her treatments. Most importantly, she worries about how she will pay for it all.

Here is what weighs heavily on her mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to my treatments, I must cover my bills, rent/mortgage, groceries and my children's education
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Ashley's story of diagnosis and treatment turned into a happy ending, because she had supplemental Critical Illness Insurance to help with expenses.



CHOOSE

Ashley chooses Critical Illness benefits to help protect herself and her children, if they are diagnosed with a critical illness.



USE

During Ashley's annual wellness exam, her doctor noticed an irregular heartbeat. She underwent an electrocardiogram (EKG) test and stress test, which confirmed she had a blockage in one of her coronary arteries.

Here's Ashley's treatment path:

- Ashley has her annual wellness exam
- Her doctor notices an abnormality in her heartbeat; tests are performed and she is diagnosed with coronary artery disease
- After visits with doctors, surgeons and an anesthesiologist, Ashley undergoes surgery
- Surgery is performed to remove the blockage with a bypass graft. She is visited by her doctor during a 4-day hospital stay and released
- Ashley followed her doctor required treatment during a 2-month recovery period, and had regular doctor office visits

Ashley is doing well and is on the road to recovery.



CLAIM

Ashley's Critical Illness claim paid her cash benefits for the following:

Fixed Wellness

Coronary Artery Disease

The cash benefits were direct deposited into her bank account.

For a listing of benefits and benefit amounts, see pages 3 and 4.

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 mybenefits.allstate.com

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.

Fixed Wellness Rider - Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Sampling of blood or tissue for genetic testing for cancer risk; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; 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.

Benefits (subject to maximums as listed on page 4)

Benefit paid upon diagnosis of one of the following conditions

INITIAL CRITICAL ILLNESS BENEFITS*

Heart Attack - the death of a portion of the heart muscle due to inadequate blood supply. Cardiac arrest is not covered

Stroke - the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are not covered

End Stage Renal Failure - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Renal failure caused by traumatic events, including surgical trauma, are not covered

Major Organ Failure - irreversible failure of heart, lungs, liver, pancreas, or kidneys. Lungs and kidneys are considered one major organ, regardless of whether one or both lungs or kidneys are failing

Coronary Artery Disease - the narrowing or blockage of 80% or greater of one or more coronary arteries due to atherosclerotic heart disease

Waiver of Premium (employee only) - premiums waived if disabled for 90 consecutive days due to a critical illness or specified disease

CANCER CRITICAL ILLNESS BENEFITS*

Invasive Cancer - malignant tumor with uncontrolled growth, including Leukemia and Lymphoma. Carcinoma in situ, non-invasive or metastasized skin cancer and early prostate cancer are not covered

Carcinoma In Situ - non-invasive cancer, including early prostate cancer (stages A, I, II) and melanoma that has not invaded the dermis. Other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors and polyps are not covered

REOCCURRENCE OF CRITICAL ILLNESS BENEFITS*

Initial Critical Illness - second diagnosis more than 6 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid

Cancer Critical Illness - second diagnosis more than 6 months after the last date treatment was received for which a Cancer Critical Illness benefit was paid

RIDER BENEFITS

Cardiopulmonary Enhancement Rider - once per illness per covered person

Sudden Cardiac Arrest - payable if it is the primary diagnosis. Myocardial infarction (heart attack) is not covered

Pulmonary Embolism

Pulmonary Fibrosis

Supplemental Critical Illness Rider* -

Benign Brain Tumor - a non-malignant tumor limited to brain, meninges, cranial nerves or pituitary gland. Tumors of the skull, pituitary adenomas less than 10mm, and germinomas are not covered

Complete Loss of Hearing - permanent loss of hearing in both ears

Complete Loss of Sight - permanent loss of vision in both eyes

Complete Loss of Speech - permanent loss of speech or verbal communication

Paralysis - permanent loss of muscle function in two or more limbs, due to disease or injury. Does not include loss of muscle function limited to fingers or toes

Fixed Wellness Rider - 24 exams. Once per person per calendar year; see left for list of wellness services and tests

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates.

BENEFIT AMOUNTS

Percentages below are based on the Basic Benefit Amount of \$10,000 (Plan 1), \$20,000 (Plan 2), \$30,000 (Plan 3) or \$40,000 (Plan 4) chosen by your employer.

†Covered spouse receive 100% and child(ren) receive 50% of your benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Heart Attack (100%)	\$10,000	\$20,000	\$30,000	\$40,000
Stroke (100%)	\$10,000	\$20,000	\$30,000	\$40,000
End Stage Renal Failure (100%)	\$10,000	\$20,000	\$30,000	\$40,000
Major Organ Failure (100%)	\$10,000	\$20,000	\$30,000	\$40,000
Coronary Artery Disease (100%)	\$10,000	\$20,000	\$30,000	\$40,000
Waiver of Premium (employee only)	Yes	Yes	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Invasive Cancer (100%)	\$10,000	\$20,000	\$30,000	\$40,000
Carcinoma In Situ (25%)	\$2,500	\$5,000	\$7,500	\$10,000
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Initial Critical Illness (same amount as Initial Critical Illness Benefit)	Yes	Yes	Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)	Yes	Yes	Yes	Yes
RIDER BENEFITS	PLAN 1	PLAN 2	PLAN 3	PLAN 4
Cardiopulmonary Enhancement Rider†				
Sudden Cardiac Arrest (100%)	\$10,000	\$20,000	\$30,000	\$40,000
Pulmonary Embolism (100%)	\$10,000	\$20,000	\$30,000	\$40,000
Pulmonary Fibrosis (100%)	\$10,000	\$20,000	\$30,000	\$40,000
Supplemental Critical Illness Rider†				
Benign Brain Tumor (100%)	\$10,000	\$20,000	\$30,000	\$40,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000	\$30,000	\$40,000
Complete Loss of Sight (100%)	\$10,000	\$20,000	\$30,000	\$40,000
Complete Loss of Speech (100%)	\$10,000	\$20,000	\$30,000	\$40,000
Paralysis (100%)	\$10,000	\$20,000	\$30,000	\$40,000
Fixed Wellness Rider (per year)	\$50	\$50	\$50	\$50

PLAN 1 - WEEKLY ATTAINED AGE PREMIUMS

AGE	EE, EE+CH	EE+SP, F	AGE	EE, EE+CH	EE+SP, F
Non-Tobacco			Tobacco		
18-24	\$0.64	\$1.29	18-24	\$0.90	\$1.79
25-29	\$0.72	\$1.45	25-29	\$1.00	\$2.00
30-34	\$0.86	\$1.72	30-34	\$1.24	\$2.47
35-39	\$1.22	\$2.45	35-39	\$1.81	\$3.62
40-44	\$1.49	\$2.99	40-44	\$2.22	\$4.45
45-49	\$1.90	\$3.80	45-49	\$2.93	\$5.87
50-54	\$2.45	\$4.90	50-54	\$3.93	\$7.86
55-59	\$3.06	\$6.12	55-59	\$5.05	\$10.10
60-64	\$4.16	\$8.32	60-64	\$6.91	\$13.82
65-69	\$5.60	\$11.21	65-69	\$9.44	\$18.88
70-74	\$7.67	\$15.33	70-74	\$12.72	\$25.44
75-79	\$9.89	\$19.79	75-79	\$15.84	\$31.67
80+	\$14.13	\$28.26	80+	\$22.64	\$45.27

PLAN 2 - WEEKLY ATTAINED AGE PREMIUMS

AGE	EE, EE+CH	EE+SP, F	AGE	EE, EE+CH	EE+SP, F
Non-Tobacco			Tobacco		
18-24	\$1.14	\$2.27	18-24	\$1.64	\$3.29
25-29	\$1.30	\$2.58	25-29	\$1.85	\$3.68
30-34	\$1.57	\$3.15	30-34	\$2.32	\$4.64
35-39	\$2.30	\$4.59	35-39	\$3.47	\$6.94
40-44	\$2.84	\$5.69	40-44	\$4.30	\$8.58
45-49	\$3.65	\$7.28	45-49	\$5.72	\$11.44
50-54	\$4.75	\$9.48	50-54	\$7.71	\$15.43
55-59	\$5.97	\$11.94	55-59	\$9.95	\$19.88
60-64	\$8.17	\$16.33	60-64	\$13.67	\$27.35
65-69	\$11.06	\$22.11	65-69	\$18.73	\$37.46
70-74	\$15.18	\$30.36	70-74	\$25.29	\$50.57
75-79	\$19.64	\$39.26	75-79	\$31.52	\$63.04
80+	\$28.11	\$56.22	80+	\$45.12	\$90.25

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

PLAN 3 - WEEKLY ATTAINED AGE PREMIUMS

AGE	EE, EE+CH	EE+SP, F	AGE	EE, EE+CH	EE+SP, F
Non-Tobacco			Tobacco		
18-24	\$1.62	\$3.26	18-24	\$2.39	\$4.78
25-29	\$1.86	\$3.73	25-29	\$2.69	\$5.38
30-34	\$2.28	\$4.57	30-34	\$3.40	\$6.81
35-39	\$3.37	\$6.74	35-39	\$5.12	\$10.26
40-44	\$4.19	\$8.38	40-44	\$6.36	\$12.73
45-49	\$5.39	\$10.78	45-49	\$8.50	\$17.01
50-54	\$7.04	\$14.08	50-54	\$11.49	\$22.99
55-59	\$8.88	\$17.76	55-59	\$14.84	\$29.68
60-64	\$12.17	\$24.35	60-64	\$20.43	\$40.87
65-69	\$16.50	\$33.01	65-69	\$28.01	\$56.03
70-74	\$22.70	\$45.39	70-74	\$37.85	\$75.71
75-79	\$29.37	\$58.74	75-79	\$47.20	\$94.41
80+	\$42.08	\$84.17	80+	\$67.61	\$135.22

PLAN 4 - WEEKLY ATTAINED AGE PREMIUMS

AGE	EE, EE+CH	EE+SP, F	AGE	EE, EE+CH	EE+SP, F
Non-Tobacco			Tobacco		
18-24	\$2.12	\$4.24	18-24	\$3.14	\$6.27
25-29	\$2.43	\$4.87	25-29	\$3.53	\$7.07
30-34	\$3.00	\$5.99	30-34	\$4.49	\$8.98
35-39	\$4.44	\$8.89	35-39	\$6.79	\$13.58
40-44	\$5.54	\$11.07	40-44	\$8.43	\$16.87
45-49	\$7.13	\$14.27	45-49	\$11.29	\$22.58
50-54	\$9.33	\$18.67	50-54	\$15.28	\$30.55
55-59	\$11.79	\$23.58	55-59	\$19.73	\$39.47
60-64	\$16.18	\$32.36	60-64	\$27.20	\$54.39
65-69	\$21.96	\$43.92	65-69	\$37.31	\$74.61
70-74	\$30.21	\$60.42	70-74	\$50.42	\$100.84
75-79	\$39.11	\$78.23	75-79	\$62.89	\$125.78
80+	\$56.07	\$112.13	80+	\$90.10	\$180.19

PLAN 1 - SEMI-MONTHLY ATTAINED AGE PREMIUMS

AGE	EE, EE+CH	EE+SP, F	AGE	EE, EE+CH	EE+SP, F
Non-Tobacco			Tobacco		
18-24	\$1.39	\$2.78	18-24	\$1.94	\$3.88
25-29	\$1.56	\$3.13	25-29	\$2.15	\$4.32
30-34	\$1.87	\$3.73	30-34	\$2.68	\$5.35
35-39	\$2.65	\$5.30	35-39	\$3.91	\$7.83
40-44	\$3.23	\$6.48	40-44	\$4.80	\$9.63
45-49	\$4.11	\$8.22	45-49	\$6.35	\$12.72
50-54	\$5.29	\$10.60	50-54	\$8.52	\$17.03
55-59	\$6.63	\$13.25	55-59	\$10.93	\$21.87
60-64	\$9.00	\$18.01	60-64	\$14.97	\$29.95
65-69	\$12.13	\$24.27	65-69	\$20.45	\$40.90
70-74	\$16.61	\$33.21	70-74	\$27.55	\$55.11
75-79	\$21.43	\$42.86	75-79	\$34.31	\$68.61
80+	\$30.61	\$61.22	80+	\$49.04	\$98.09

PLAN 2 - SEMI-MONTHLY ATTAINED AGE PREMIUMS

AGE	EE, EE+CH	EE+SP, F	AGE	EE, EE+CH	EE+SP, F
Non-Tobacco			Tobacco		
18-24	\$2.46	\$4.91	18-24	\$3.56	\$7.11
25-29	\$2.80	\$5.59	25-29	\$3.99	\$7.98
30-34	\$3.40	\$6.82	30-34	\$5.02	\$10.05
35-39	\$4.97	\$9.95	35-39	\$7.51	\$15.04
40-44	\$6.16	\$12.31	40-44	\$9.30	\$18.59
45-49	\$7.89	\$15.78	45-49	\$12.39	\$24.78
50-54	\$10.28	\$20.54	50-54	\$16.70	\$33.42
55-59	\$12.93	\$25.87	55-59	\$21.54	\$43.08
60-64	\$17.69	\$35.38	60-64	\$29.62	\$59.25
65-69	\$23.95	\$47.90	65-69	\$40.57	\$81.15
70-74	\$32.89	\$65.78	70-74	\$54.78	\$109.56
75-79	\$42.54	\$85.06	75-79	\$68.29	\$136.58
80+	\$60.89	\$121.80	80+	\$97.76	\$195.53

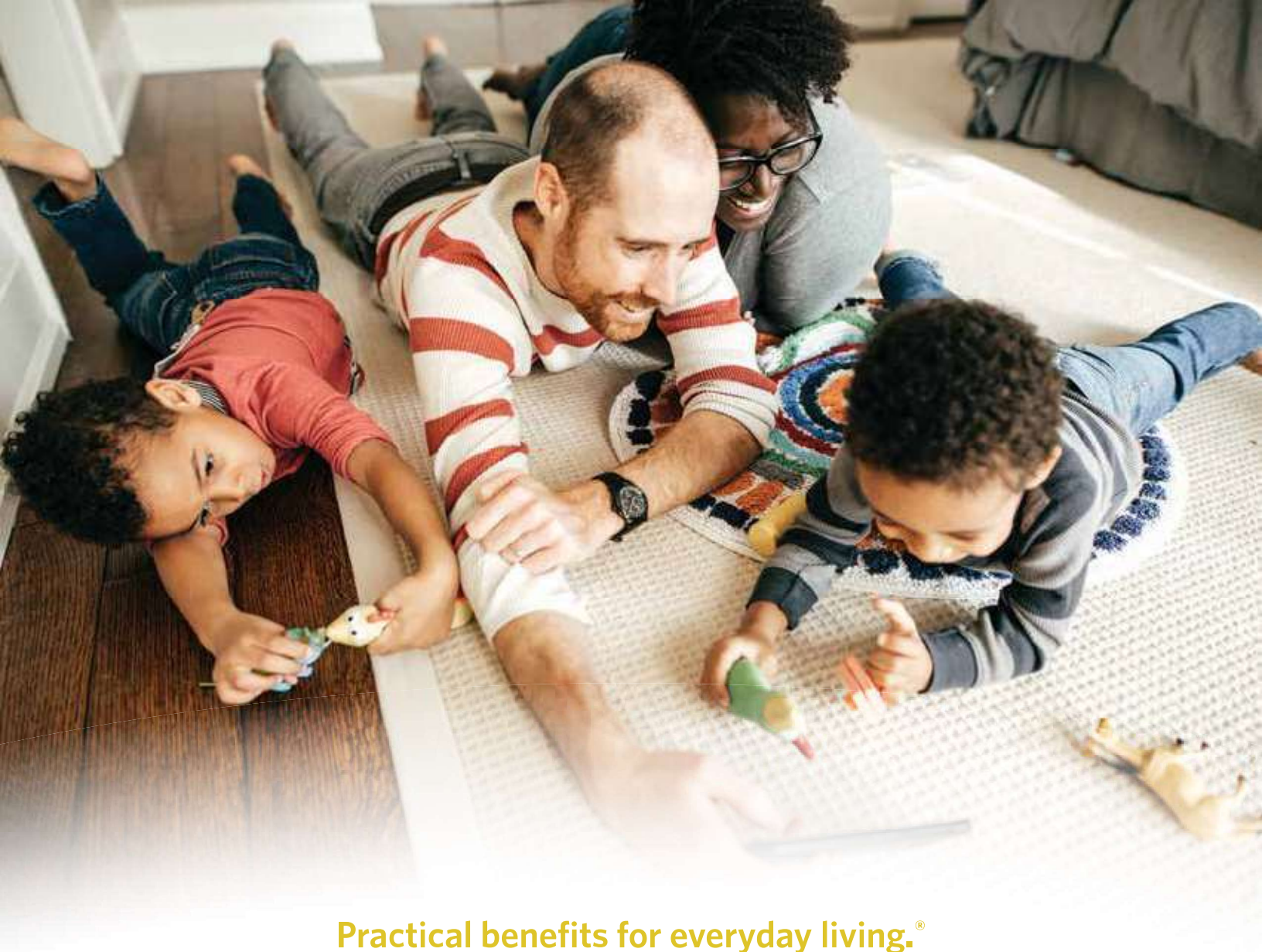
PLAN 3 - SEMI-MONTHLY ATTAINED AGE PREMIUMS

AGE	EE, EE+CH	EE+SP, F	AGE	EE, EE+CH	EE+SP, F
Non-Tobacco			Tobacco		
18-24	\$3.51	\$7.05	18-24	\$5.16	\$10.35
25-29	\$4.03	\$8.07	25-29	\$5.81	\$11.65
30-34	\$4.94	\$9.90	30-34	\$7.37	\$14.75
35-39	\$7.29	\$14.60	35-39	\$11.10	\$22.22
40-44	\$9.07	\$18.15	40-44	\$13.77	\$27.57
45-49	\$11.67	\$23.35	45-49	\$18.41	\$36.85
50-54	\$15.24	\$30.50	50-54	\$24.89	\$49.80
55-59	\$19.23	\$38.47	55-59	\$32.14	\$64.30
60-64	\$26.37	\$52.75	60-64	\$44.27	\$88.55
65-69	\$35.75	\$71.52	65-69	\$60.69	\$121.40
70-74	\$49.17	\$98.35	70-74	\$82.00	\$164.02
75-79	\$63.63	\$127.27	75-79	\$102.27	\$204.55
80+	\$91.18	\$182.37	80+	\$146.47	\$292.97

PLAN 4 - SEMI-MONTHLY ATTAINED AGE PREMIUMS

AGE	EE, EE+CH	EE+SP, F	AGE	EE, EE+CH	EE+SP, F
Non-Tobacco			Tobacco		
18-24	\$4.59	\$9.18	18-24	\$6.79	\$13.58
25-29	\$5.27	\$10.55	25-29	\$7.65	\$15.32
30-34	\$6.49	\$12.98	30-34	\$9.72	\$19.45
35-39	\$9.62	\$19.25	35-39	\$14.71	\$29.41
40-44	\$11.99	\$23.98	40-44	\$18.27	\$36.55
45-49	\$15.45	\$30.92	45-49	\$24.45	\$48.92
50-54	\$20.22	\$40.45	50-54	\$33.09	\$66.18
55-59	\$25.54	\$51.08	55-59	\$42.75	\$85.52
60-64	\$35.06	\$70.11	60-64	\$58.92	\$117.85
65-69	\$47.57	\$95.15	65-69	\$80.82	\$161.65
70-74	\$65.46	\$130.91	70-74	\$109.24	\$218.48
75-79	\$84.73	\$169.49	75-79	\$136.26	\$272.51
80+	\$121.48	\$242.94	80+	\$195.21	\$390.41

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



Practical benefits for everyday living.®

When you choose Allstate Benefits, you receive more than just coverage that helps you protect your finances when faced with life's uncertainties; you also get the support of the Good Hands® promise.

We've been insuring and protecting families for over 50 years with the name that America knows and trusts. Our affordable and valuable coverage options help empower hard-working individuals and their families to make the best decisions for their care and finances.

After you've elected coverage, register with our website, MyBenefits, for anytime access to your coverage and benefit information. Plus, MyBenefits allows you to file fast and easy claims that we'll deposit right into your bank account (direct deposit authorization required).

Allstate Benefits. We can help give you and your family financial peace of mind. Are you in good hands?® You can be.

CERTIFICATE SPECIFICATIONS

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

Family members eligible for coverage are your spouse or civil union partner or domestic partner and children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse or civil union partner coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends when the domestic partnership ends or your death.

When Coverage Ends

Coverage under the policy ends on the earliest of: the date the certificate is canceled; the date the policy is canceled; you stop paying your premium; the last day of active employment; you or your class are no longer eligible; a false claim is filed; when all benefits have been paid under the policy and riders.

Conversion

Coverage may be converted under the Conversion Provision when coverage under the policy ends.

EXCLUSIONS AND LIMITATIONS

Conditions and Limits

A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness or specified disease after your effective date will be payable. Benefits are subject to all limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect.

If the first diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date, subject to the terms and conditions in the certificate.

Exclusions

Benefits are not paid for: intentionally self-inflicted injury or action; any loss for which a contributing cause was the covered person's engagement in illegal activities or occupations; suicide while sane, or self-destruction while insane, or any attempt at either; or any loss sustained or contracted as a consequence of being intoxicated or under the influence of a narcotic, unless administered and taken as prescribed by a physician.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2023 Allstate Insurance Company.
www.allstate.com or
allstatebenefits.com

ABJ38578X

This brochure is for use in enrollments situated in NJ.

This material is valid as long as information remains current, but in no event later than September 1, 2026. Group Critical Illness benefits are provided under policy form GVCIP4, or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Cardiopulmonary Enhancement Rider GCIP4CER; Supplemental Critical Illness Rider GCIP4SR2; Fixed Wellness Rider GCIP4FWR.

The coverage provided is limited benefit supplemental critical illness 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.

**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**[naic.org](https://www.naic.org)**) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



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 without 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

Offered to the employees of:



Meet Tommy

Tommy's parents are like most parents; they worry about the health and well-being of their family. They know that as Tommy grows he will become more active and may be hospitalized due to a sickness or injury. Most importantly, they worry about how they will pay for it.

Here is what weighs heavily on their minds:

- Major medical only pays a portion of the expenses associated with hospital stays
- They have copays they are responsible for until they meet their deductible
- If they miss work due to Tommy having a hospital stay, they must cover their bills, rent/mortgage, groceries and education expenses
- If the right treatment is not available locally, they will have to travel to get the treatment he needs



Tommy's story of sickness and a hospital stay turned into a happy ending, because his parents had supplemental Hospital Indemnity Insurance to help with expenses.



CHOOSE

Tommy's mother chooses benefits to help protect herself and her family members, should they suffer an illness or injury that requires a hospital stay.



USE

Tommy was sick and vomiting, had a loss of appetite and a fever, and complained about a pain in his side. He was also unable to get out of bed.

Here's Tommy's treatment path:

- Taken by ambulance to the emergency room
- Examined by a physician
- Multiple tests were performed
- Admitted for a two-day hospital stay
- Underwent emergency appendectomy surgery
- Visited by his doctor and released
- Recovered from surgery in 5 weeks
- Seen by the doctor during a follow-up visit

Tommy's mother went online after Tommy's hospital stay to file a claim. The cash benefits were direct deposited into her bank account.

Tommy is fully recovered and back to normal.



CLAIM

Tommy's hospital stay claim paid cash benefits for the following:

First Day Hospital Confinement

Daily Hospital Confinement

For a listing of benefits and benefit amounts, see pages 3 and 4.

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 mybenefits.allstate.com

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 includes hospitalization due to normal pregnancy or complications of pregnancy.

Dependent Eligibility

Coverage may include you; your spouse, civil union partner 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 4. We pay 10% of the amount shown on page 4 for a newborn's first day of confinement in a hospital (see Hospitalization Due to Pregnancy at bottom left for complete details).

Daily Hospital Confinement - up to the maximum number of days for each confinement.* We pay 10% of the amount shown on page 4 for a newborn's initial confinement in a hospital for routine nursing and well baby care. Hospitalization due to pregnancy is covered. Not paid for any day the First Day Hospital Confinement benefit is paid (see How We Pay the Daily Hospital Confinement Benefit on page 6)

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

*See the maximum number of days for each confinement on page 4.

BENEFIT AMOUNTS

HOSPITALIZATION BENEFITS	PLAN
First Day Hospital Confinement Limit to Number of Occurrences	\$1,000 One/year
Daily Hospital Confinement (daily) Maximum Number of Days	\$200 31
Hospital Intensive Care (daily) Maximum Number of Days	\$200 31

PLAN PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$3.06	\$6.43	\$4.46	\$7.25
Semi-Monthly	\$6.63	\$13.93	\$9.66	\$15.71

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

Issue Ages: 18 and over if Actively at Work



Practical benefits for everyday living.®

When you choose Allstate Benefits, you receive more than just coverage that helps you protect your finances when faced with life's uncertainties; you also get the support of the Good Hands® promise.

We've been insuring and protecting families for over 50 years with the name that America knows and trusts. Our affordable and valuable coverage options help empower hard-working individuals and their families to make the best decisions for their care and finances.

After you've elected coverage, register with our website, MyBenefits, for anytime access to your coverage and benefit information. Plus, MyBenefits allows you to file fast and easy claims that we'll deposit right into your bank account (direct deposit authorization required).

Allstate Benefits. We can help give you and your family financial peace of mind. Are you in good hands?® You can be.

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 4.

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 4.

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, civil union partner 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 or civil union partner 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.

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. Refer to your Certificate of Insurance for details.

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; injury where the contributing cause was engagement in an illegal occupation or committing or attempting a 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; aviation (including parachuting and hang gliding) unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports; driving in any race or speed test or testing any motorized vehicle on any racetrack or speedway.

This brochure is for use in the Standard Building Solutions, Inc. enrollment situated in NJ.

Rev. 9/24. This material is valid as long as information remains current, but in no event later than September 1, 2026. 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.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2023 Allstate Insurance Company.
www.allstate.com or
allstatebenefits.com