



Hospital Indemnity Insurance

Protection for hospital stays when a sickness or injury occurs

THINK ABOUT THIS



Americans pay nearly 60% more for hospital stays than patients in Europe and Canada¹



\$11,700
The average cost of a 24-hour hospital stay in the U.S.²



Two-thirds of Americans received an unexpected medical bill following a hospital stay in 2020³

A sickness or injury could land you in the hospital. Your medical insurance may only cover some of it, leaving you to pay for deductibles and coinsurance fees. Hospital Indemnity Insurance can help ease your financial burden so you can focus on recovery.

Here's How It Works

- Select the coverage that's right for you and your family
- If you or a family member requires a hospital stay, you file a claim
- A cash benefit is direct deposited or a check is mailed and can be used however you wish*

Protecting Your Finances

You've worked hard for your savings – don't let a hospital bill wipe them out.

- Protect your checking and savings
- Don't dip into your 401(k)



Protecting insureds for over 60 years

Meeting Your Needs

- Guaranteed Issue coverage without a Pre-Existing Condition Limitation*
- Coverage can include your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

¹<https://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<https://newsroom.heart.org/news/poll-surprise-medical-bills-pose-significant-financial-burden>. *Please refer to the Exclusions and Limitations section of this brochure.



Meet Tommy

CHOOSE

Tommy's mom signed up for Allstate Benefits Hospital Indemnity Insurance during her employer's Open Enrollment.

USE

A few months later, Tommy complained of pain in his abdomen. He has a fever and is vomiting. Here's his story:



Ambulance

Tommy's parents call an ambulance to take him to the hospital emergency room



Tests

After running some tests, the doctors determine that Tommy has appendicitis



Hospital Stay

An appendectomy is recommended and Tommy is admitted for an overnight stay



Surgery

Tommy has surgery the next day and spends another night in the hospital



Recovery

Tommy is released to recover and follow-up visits with his doctor are scheduled

CLAIM

Tommy's mom files a claim with her Allstate Benefits Hospital Indemnity coverage through the convenient web portal, **MyBenefits***. She receives cash benefits for:

- First Day Hospital Confinement
- Daily Hospital Confinement

*MyBenefits Claim Filing Portal

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.

Access: mybenefits.allstate.com

Here are some of the ways Tommy's mom can use the cash benefits



Finances

Can help protect 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 afford home repairs for after care



Expenses

Can help pay for her family's living expenses such as bills, electricity, and gas

The example above details a fictional situation; your individual experience may vary.
For a listing of benefits and benefit amounts, see pages 3 and 4.

Hospital Indemnity (GIM2)

Group Hospital Indemnity Insurance from Allstate Benefits

Offered to the employees of:

**Acrisure DBA IMAC NJ Municipalities
& School Districts**

BENEFIT AMOUNTS

HOSPITALIZATION BENEFITS	PLAN 1	PLAN 2
First Day Hospital Confinement	\$500	\$800
Limit to number of occurrences	One per Month	One per Month
Daily Hospital Confinement (daily)	\$150	\$100
If First Day Hospital Confinement Benefit is not payable	Days 1 - 31	Days 1 - 31
BENEFIT LIMITATION	PLAN 1	PLAN 2
Pregnancy Waiting Period	None	None

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$2.86	\$5.61	\$4.19	\$7.03
Bi-Weekly	\$5.72	\$11.22	\$8.39	\$14.06
Semi-Monthly	\$6.20	\$12.16	\$9.09	\$15.23
Monthly	\$12.40	\$24.31	\$18.18	\$30.45

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$3.36	\$6.28	\$4.78	\$7.69
Bi-Weekly	\$6.72	\$12.56	\$9.56	\$15.39
Semi-Monthly	\$7.28	\$13.60	\$10.35	\$16.67
Monthly	\$14.56	\$27.20	\$20.70	\$33.34

Issue ages: 18 and over if actively at work

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

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

For Home Office Use Only - GIM2 (SR)

Opt 1 - FDHC \$500/One per Month/Covered; DHC \$150/31 Days

Opt 2 - FDHC \$800/One per Month/Covered; DHC \$100/31 Days

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approved if SIC is 8211 or 9111, or if HPCOM is approved by Underwriting for this particular case. CU



For use in the Acrisure DBA IMAC NJ Municipalities and School Districts Block Offer enrollment, situated in: NJ. This rate insert is part of the approved flyer or form ABJ30067-3 and is not to be used on its own.

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Benefits - Benefits paid upon diagnosis of the following conditions (subject to maximums as listed on page 3)

HOSPITALIZATION BENEFIT(S)

First Day Hospital Confinement - payable once per continuous confinement per covered person, up to the limit stated. We pay 10% of the amount shown for a newborn's first day of confinement in a hospital (see Hospitalization Due to Pregnancy)

Daily Hospital Confinement - payable up to the maximum number of days for each confinement. We pay 10% of the amount shown 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)

Hospitalization Due to Pregnancy - your First Day Hospital Confinement includes hospitalization due to normal pregnancy or complications of pregnancy.

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 (see pg. 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 (see pg. 3)



Practical benefits for everyday living.®



When you choose

ALLSTATE BENEFITS,

we can help give you and your family financial peace of mind.

Are you in good hands?®



We're the name you know and trust, protecting America's families for over 50 years. Our valuable coverage options help empower people to make the best decisions for their finances and their futures.

Once you've elected coverage, register with our convenient customer service portal, MyBenefits, for anytime access to your coverage details and important documents. MyBenefits also allows you to file claims quickly and easily – and get benefits deposited directly into your bank account (authorization required).

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

Exclusions - Benefits are not paid for any loss caused by or resulting from (directly or indirectly): 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; 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.

Rev. 6.24. This brochure is for use in enrollments situated in NJ. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

This material is valid as long as information remains current, but in no event later than March 31, 2028. Group Hospital Indemnity benefits are provided under policy form GVSP2, or state variations thereof.

The coverage provided is limited benefit hospital indemnity insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. 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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