

THINK ABOUT THIS



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



\$11,700The 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)



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

lhttps://www.healthsystemtracker.org/brief/what-drives-health-spending-in-the-u-s-compared-to-other-countries/. lhttps://www.debt.org/medical/hospital-surgery-costs/. https://newsroom.heart.org/news/poll-surprise-medical-bills-pose-significant-financial-burden. Please refer to the Exclusions and Limitations section of this brochure.



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:



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



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



Tommy is released to recover and followup 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



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, see page 3.

Hospital Indemnity (GIM2)

Group Hospital Indemnity Insurance from **Allstate Benefits**

Offered to the employees of: Biotouch Global / Path- Tec LLC

BENEFIT AMOUNTS

HOSPITALIZATION BENEFITS	PLAN1	PLAN 2
First Day Hospital Confinement	\$1,000	\$1,500
Limit to number of occurrences	One per Month	One per Month
Daily Hospital Confinement (daily)	\$100	\$150
If First Day Hospital Confinement Benefit is not payable	Days 1 - 10	Days 1 - 10
Newborn Child Initial Confinement Benefit	10.0%	10.0%
Hospital Intensive Care (daily)	\$100	\$150
Maximum Days Payable	10 Days	10 Days
BENEFIT LIMITATION	PLAN1	PLAN 2
Pregnancy Waiting Period	None	None

PLAN1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$2.49	\$5.79	\$3.33	\$6.99
Bi-Weekly	\$4.98	\$11.58	\$6.66	\$13.98
Semi-Monthly	\$5.40	\$12.55	\$7.22	\$15.15
Monthly	\$10.79	\$25.09	\$14.43	\$30.29

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$3.72	\$8.70	\$5.01	\$10.47
Bi-Weekly	\$7.44	\$17.40	\$10.02	\$20.94
Semi-Monthly	\$8.06	\$18.85	\$10.86	\$22.69
Monthly	\$16.12	\$37.70	\$21.71	\$45.37

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 (CR)

Opt 1 - FDHC \$1000/One per Month/Covered; DHC \$100/10 Days; HIC \$100/10

Opt 2 - FDHC \$1500/One per Month/Covered; DHC \$150/10 Days; HIC \$150/10

ABQuote Version 09.01.2024. REV2024.08.14. QY2023. Group UW. Lives 1304. SIC 4731. UWP. HPCOM 0.2



For use in the Biotouch Global / Path- Tec LLC enrollment, sitused in: GA. 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

HOSPITALIZATION BENEFIT(S)

First Day Hospital Confinement - payable once per continuous confinement per covered person, up to the limit stated. Not paid for newborn child's initial confinement after birth (see Hospitalization Due to Pregnancy)

Daily Hospital Confinement - payable up to the maximum number of days for each confinement. 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 does include hospitalization due to normal pregnancy or complications of pregnancy. A newborn child's initial confinement in a hospital is not payable for Daily Hospital Confinement. A newborn child's initial confinement in a hospital includes any transfers to another hospital before being discharged to go home. A newborn child's routine nursing or well-baby care during the initial confinement in a hospital is not payable for Daily Hospital Confinement

Hospital Intensive Care - payable 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

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

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

CERTIFICATE SPECIFICATIONS

Conditions and Limits - We pay benefits as stated for service and treatment received by the covered person while coverage is in force, for sickness or injury. Hospital room and board charges must be incurred for benefits to be payable. Treatment must be received in the United States or its territories.

Eligibility - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

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

When Coverage Ends - Coverage under the policy ends on the earliest of: the date the policy is canceled; the last day of the period for which you made any required contributions; the last day you are in active employment or a member in an association, labor union or other entity, except as provided under the "Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence" provision; the date you are no longer in an eligible class; the date your class is no longer eligible; upon discovery of fraud or material misrepresentation when filing for a claim; the date you request to discontinue coverage.

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

EXCLUSIONS AND LIMITATIONS

Exclusions - Benefits are not paid forany loss caused by or resulting from (directly or indirectly): any act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; engaging in an illegal occupation or committing or attempting an assault or felony; cosmetic dentistry or plastic surgery, except to treat an injury or correct a disorder of normal body function; intentionally self-inflicted injuries; confinement that begins before the effective date of coverage; the reversal of a tubal ligation or vasectomy; artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law; participation in aeronautics (including parachuting and hang gliding) unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports; a newborn child's routine nursing or well-baby care during the initial confinement in the hospital (this exclusion does not apply to the First Day Hospital Confinement benefit or Daily Hospital Confinement benefit); 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 sitused in GA. 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 November 05, 2027. 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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Underwritten by: American Heritage Life Insurance Company

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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** 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) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

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