

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

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



CAR



GROCERIES



BILLS



PRESCRIPTIONS

## Supplemental Health Insurance

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

The supplemental health plan from Allstate Benefits provides cash benefits for hospitalization, plus optional benefits for outpatient, nursing, intensive-care unit confinement and transportation-related expenses. We can help cover them as they happen.



# supplemental health insurance

Having to undergo hospital or outpatient treatment can be financially difficult if money is tight and you are not prepared. But having the right coverage in place to help when a sickness or injury occurs can help eliminate your financial concerns and provide support at a time when it is needed most.

Our coverage helps offer peace of mind when a hospitalization occurs. Below is an example of how benefits might be paid in the event you or a covered family member are hospitalized.



**Jane chooses benefit coverage**



Three years later, Jane is on a summer cycling vacation when she is hit by a car and suffers brain trauma, causing bruising and swelling of her head.

Jane is taken by air ambulance to the nearest hospital emergency room where she is admitted to the hospital.

Jane undergoes Craniotomy surgery to alleviate brain swelling, is given anesthesia and is visited by a doctor during a 10-day hospital stay. Jane is released and the doctor prescribes medications to help with her recovery and her pain. She has two follow-up visits with her regular doctor to ensure her recovery is going as expected.

Jane's coverage provided the following benefits:

Air Ambulance Service	\$200
Initial Hospitalization	\$1,500
Daily Hospital Confinement	\$3,000
Inpatient Physician's Benefit	\$1,000
Outpatient Physician's Benefit	\$150
<b>Total Benefits:</b>	<b>\$5,850</b>



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

## meeting your needs

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

- Includes benefits for hospitalization, plus additional rider benefits can be added to enhance your coverage
- Benefits paid regardless of any other coverage
- Benefits paid directly to you unless assigned elsewhere
- Coverage options for yourself and your family

## benefit coverage highlights

Benefits are paid when recommended by a physician for sickness or injury. **Benefit amounts are shown on pages 2a and/or 2b.**

### HOSPITALIZATION BENEFITS

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

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

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

### ADDITIONAL RIDER BENEFITS

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

**Inpatient Physician's Benefit** - Pays a benefit for physician services while hospital confined. It is payable for the same number of days as the Daily Hospital Confinement Benefit.

**Outpatient Emergency Accident** – Pays a benefit for emergency room treatment if medical or surgical treatment is required. Pays 2 times each year per person.

Admitted to the  
hospital



Surgery is  
performed



A doctor visits  
you daily



You get paid  
cash benefits\*

\*Subject to policy and rider coverage and specifications.

**Outpatient Physician's Benefit** – Pays a benefit for physician treatment outside a hospital. Maximum of 2 visits each year per person and 4 visits per family.

**At Home Nursing Benefit** – Pays a benefit for nursing care authorized by the attending physician, within 60 days after hospital confinement. Pays for one visit each day for up to 30 visits.

#### Transportation

**Ambulance Services** – Pays a benefit for transport to an emergency treatment center or hospital by a licensed or hospital-owned ambulance. Maximum of 2 trips each year per person.

**Non-Local Transportation** – Pays a benefit for transportation when hospital confinement for treatment not available locally. Maximum of 2 trips each year per person.

#### POLICY AND RIDER SPECIFICATIONS

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

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

#### LIMITATIONS AND EXCLUSIONS

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

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

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

**This material is valid as long as information remains current, but in no event later than April 15, 2016.**

Supplemental Health benefits provided by policy CHCPA (1/99). Rider benefits provided by riders IHR1PA (1/99), IPBR1PA (1/99), OPBR1PA (1/99), OEAR1PA (1/99), AHNRPA (1/99), and TR1PA (1/99).

**The policy and riders provide supplemental, limited benefit insurance.** The policy is not a Medicare Supplement Policy. If eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Allstate Benefits.

This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. **For complete details, contact your Insurance Agent, or call Allstate Benefits at 1-800-521-3535, or go to [allstatebenefits.com](http://allstatebenefits.com).** Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

This brochure is for use in: PA



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## supplemental health insurance

### HOSPITALIZATION BENEFITS

	PREMIER
Daily Hospital Confinement <sup>1</sup>	\$300
Hospital Intensive Care Unit <sup>1</sup>	\$300
Waiver of Premium	Yes

### ADDITIONAL RIDER BENEFITS

	PREMIER	
Initial Hospitalization	\$1,500	
Inpatient Physician's Benefit <sup>1</sup>	\$100	
Outpatient Emergency Accident <sup>2</sup>	\$100	
Outpatient Physician's Benefit <sup>2</sup>	\$75	
At Home Nursing Benefit <sup>1</sup>	\$50	
Transportation	Ambulance <sup>2</sup> Ground	\$100
	Air	\$200
	Non-Local Transportation <sup>3</sup>	\$200

<sup>1</sup> daily  
<sup>2</sup> per occurrence  
<sup>3</sup> per trip

## premiums

### WEEKLY

AGES	EE	EE + SP	EE + CH	F
18-35	\$10.52	\$20.99	\$19.71	\$28.57
36-49	\$11.59	\$23.27	\$20.83	\$30.79
50-59	\$14.21	\$28.42	\$21.37	\$33.91
60-64	\$18.09	\$36.21	\$22.40	\$38.82

### MONTHLY

AGES	EE	EE + SP	EE + CH	F
18-35	\$45.56	\$90.96	\$85.40	\$123.80
36-49	\$50.20	\$100.80	\$90.24	\$133.40
50-59	\$61.56	\$123.12	\$92.60	\$146.92
60-64	\$78.36	\$156.88	\$97.04	\$168.20

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

Issue Ages: 18 to 64.

This insert is for use in: PA

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