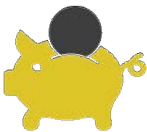




Hospital Indemnity Insurance

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

Coverage offered to the employees of:

Exceptional Living Centers

An illness or injury could land you in the hospital. Your medical insurance may only cover some of it and requires payment of a high deductible and co-insurance fees. With Hospital Indemnity Insurance from Allstate Benefits, there's one less thing to worry about.

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 HSA or 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

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/>. *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: allstatebenefits.com/mybenefits

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



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 afford home repairs for after care



Expenses

Can help pay your 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:
Exceptional Living Centers

BENEFIT AMOUNTS

HOSPITALIZATION BENEFITS	PLAN 1	PLAN 2
First Day Hospital Confinement	\$1,000	\$2,000
Limit to number of occurrences	One per Month	One per Month
Daily Hospital Confinement (daily)	\$100	\$200
If First Day Hospital Confinement Benefit is not payable	Days 1 - 15	Days 1 - 15
Hospital Intensive Care (daily)	\$100	\$100
Maximum Days Payable	15 Days	15 Days
ADDITIONAL CONDITIONS AND LIMITATIONS	PLAN 1	PLAN 2
Mental and Nervous Disorders Covered	Yes	Yes
Drug Addiction and Alcoholism Covered	Yes	Yes
BENEFIT LIMITATION	PLAN 1	PLAN 2
Pregnancy Waiting Period	None	None

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$8.22	\$23.40	\$14.22	\$24.96

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$16.44	\$46.80	\$28.50	\$49.98

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 \$1000/One per Month/Covered; DHC \$100/15 Days; HIC \$100/15

Opt 2 - FDHC \$2000/One per Month/Covered; DHC \$200/15 Days; HIC \$100/15

ABQuote Version 05.14.2024. REV2024.04.23. QY2023. Group UW. Lives 240. SIC 8059. UWR. COM 0.1



For use in the Exceptional Living Centers enrollment, situated in: KY. 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 - Benefit paid for the following conditions (subject to maximums as listed on page 3)

HOSPITALIZATION BENEFIT(S)

First Day Hospital Confinement - once per continuous confinement per covered person (see pg. 3). Not paid for newborn child's initial confinement after birth (see Hospitalization Due to Pregnancy)

Daily Hospital Confinement - up to the maximum number of days for each confinement (see pg. 3). Hospitalization due to pregnancy is covered. Not paid for any day the First Day Hospital Confinement benefit is paid

Hospital Intensive Care - up to the maximum number of days for each confinement (see pg. 3). 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 (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)

MISCELLANEOUS BENEFIT(S)

Mental/Nervous Disorder - confinement in a hospital or residential treatment facility for treatment of mental and/or nervous disorders, up to the maximum number of days listed on pg. 3 for each confinement. Not paid for any day the Daily Hospital Confinement benefit is paid

Drug/Alcohol Rehabilitation - daily confinement in a hospital or residential treatment facility for treatment of drug and/or alcohol addictions, up to the maximum number of days listed on pg. 3 for each confinement. Not paid for any day the Daily Hospital Confinement benefit is paid



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 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.

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 for: 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; driving in any race or speed test or testing any motorized vehicle on any racetrack or speedway.

This brochure is for use in enrollments situated in KY. 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 May 24, 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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