Group Indemnity Medical Insurance

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

Group Indemnity Medical from Allstate Benefits provides in- and out-of-hospital benefits that correspond with medical expenses. Plus, you get access to a PPO Network of providers to help reduce your out-of-pocket expenses.
**group indemnity medical (GIM)**

Group Indemnity Medical insurance coverage can help current medical coverage by providing cash benefits if you are injured or ill and must visit the doctor, go to the emergency room, or stay in the hospital. Plus, the coverage includes benefits for transportation, ambulance, diagnostic X-ray, and Wellness and Preventive tests.

GIM coverage helps offer peace of mind when a medical need arises. Below is just one example of how GIM insurance benefits are paid.

---

**benefit coverage**

**HOSPITALIZATION BENEFITS**

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

**Daily Hospital Confinement** - Pays a daily benefit for inpatient hospital stay. Maximum of 180 days each continuous confinement.

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

**SURGERY AND RELATED BENEFITS**

**Surgery** - Pays a benefit for covered surgery. Amount paid depends on the type of surgery.

**Anesthesia** - Pays a benefit for anesthesia received during a covered surgery.

**Inpatient Physician’s Treatment** - Pays a daily benefit for physician services if confined in a hospital and is payable for the same number of days as the Daily Hospital Confinement.

**OUTPATIENT, NURSING AND TRANSPORTATION BENEFITS**

**Outpatient Emergency Accident** - Pays a benefit for emergency center treatment if injured. Pays 2 times each year per person.

---

**meeting your needs**

Coverage that can help provide security for you and your family’s financial future.

- **PPO Network**
- **Benefits that are paid in addition to any other insurance coverage you may have**
- **Base benefits increase by 5% after the first coverage year and each coverage year thereafter, for the next 5 years**

*The Preferred Provider Organization (PPO) Network, MultiPlan, provides unsurpassed value, combining nationwide access, deep discounts on covered services, and exceptional service. The network includes over 695,000 individual practitioners and over 95,000 facility locations, including more than 4,600 acute care hospitals.

Visit [www.multiplan.com/allstate](http://www.multiplan.com/allstate) for more information.

---

†The example shown may vary from the plan your employer is offering. Your individual experience may also vary. Please see page 2a for your plan details.

---

John chooses the Group Indemnity Medical coverage offered by his Employer†

In Hospital

John is in an automobile accident and is rushed to the emergency room by ambulance. John is admitted and undergoes surgery with anesthesia, plus a doctor visits him during a 2-day hospital stay.

Out of Hospital

Two weeks later John schedules an appointment with his doctor for a follow-up exam. John’s doctor suggests he obtain treatment during his recovery that is not available locally.

Our GIM insurance policy provided John with the following benefits:

- Outpatient Emergency Accident $250
- Initial Hospital Confinement $250
- Daily Hospital Confinement $200
- Surgery $500
- Anesthesia $125
- Inpatient Physician Treatment $50
- Outpatient Physician Treatment $25
- Non-Local Transportation $150
- **TOTAL $1,550**

†The example shown may vary from the plan your employer is offering. Your individual experience may also vary. Please see page 2a for your plan details.

---

1 Normal pregnancy or complications from pregnancy, newborn child’s hospitalization and care after birth, and transfers to another hospital for additional care before being discharged are not covered.

2 Routine nursing or well-baby care of newborn children are not covered.
Outpatient Physician’s Treatment - Pays a benefit for physician treatment outside a hospital for any cause. Maximum of 5 days each year for Individual, 10 days for Individual and Spouse or Individual and Children, and 15 days for Family coverage.

At Home Nursing - Pays a benefit for daily care, within 60 days after hospital confinement. Pays for up to 30 days.

Ambulance Services - Pays a benefit for transport to an emergency treatment center or hospital by licensed ambulance. Maximum of 3 days each year per person.

Non-Local Transportation - Pays a benefit for transportation when treatment is not available locally. Maximum of 3 days each year per person.

WELLNESS AND DIAGNOSTIC BENEFITS
Outpatient Diagnostic X-ray and Laboratory - Pays a benefit for diagnostic lab tests. Maximum of 1 each day; up to 3 days each year per person. Not paid if paid under Wellness and Preventive Test Benefit.

Wellness and Preventive Test - Pays a benefit for the following (not paid if paid under Outpatient Diagnostic X-ray and Laboratory benefit):
- Physical examination by a doctor
- Bone Marrow Testing
- Blood Tests for CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer) or PSA (prostate cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography, including breast ultrasound
- Pap Smear, including ThinPrep Pap test
- Serum Protein Electrophoresis (test for myeloma)
- Biopsy for skin cancer

PRESCRIPTION BENEFIT
Prescription Drug - Pays a benefit for prescription drugs. Maximum of: 12 prescriptions each year per person; 24 prescriptions each year for individual and spouse or individual and children; and 36 prescriptions each year for family coverage.

POLICY SPECIFICATIONS
Eligibility/Termination - (a) Coverage may include you, your spouse and children. (b) Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, except as provided under the Employer’s Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence provision; the date you or your class are no longer eligible. (c) Spouse coverage ends upon valid decree of divorce or your death. (d) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Limitations and Exclusions - Benefits are not paid for:
(a) injury or sickness incurred prior to the effective date;
(b) acts of war, participation in riot, insurrection or rebellion;
(c) suicide;
(d) injury while under the influence of alcohol or any narcotic unless taken on the advice of a doctor;
(e) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft;
(f) engaging in an illegal occupation;
(g) committing or attempting an assault or felony;
(h) dental or plastic surgery for cosmetic purposes, unless to treat an injury or correct a disorder of normal bodily function;
(i) alcoholism or dependence upon a controlled substance;
(j) mental or nervous disorders;
(k) intentionally self-inflicted injuries;
(l) a newborn child’s routine nursing or well-baby care during initial hospital confinement;
(m) childbirth in the first 10 months of coverage (complications of pregnancy are covered the same as sickness);
(n) hospitalization starting before the effective date;
(o) reversal of tubal ligation or vasectomy;
(p) routine eye exams or fittings;
(q) dental exams and
care unless from a result of an accident; or (r) driving in organized or scheduled race or speed test or testing any vehicle on any racetrack or speedway.

Initial Hospitalization Confinement Exclusion - Benefit is not paid for normal pregnancy or complications of pregnancy, or for a newborn child’s initial hospitalization after birth. A newborn child’s initial hospitalization includes any transfers to another hospital before the child is discharged home.

Daily Hospital Confinement Exclusion - Benefits are not paid for a newborn child’s routine nursing or well-baby care during initial hospital confinement.

Hospital Intensive Care Exclusion - Benefits are not paid under the Hospital Intensive Care 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 - (a) Does not pay for losses as defined and occurring during the 12-month period beginning the date you became a covered person. (b) A pre-existing condition is a disease or physical condition for which symptoms existed within a 12-month period before the effective date; or medical advice or treatment was recommended or received within the 12-month period before the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

STATE VARIATION
Louisiana (change affects page 3) - In the Limitations and Exclusions, item (d) is replaced with: as a result of being intoxicated or under the influence of narcotics unless taken on the advice of a physician.
Don’t wait for a sign...

Emergency situations come up at any time
A sickness or injury that leads to hospitalization, surgery or emergency treatment can be costly, especially if you are not financially prepared. Your current medical coverage will help pay for the associated expense, but won’t cover all of the out-of-pocket expenses you may face. Don’t wait until you are rushed by ambulance to the emergency room to realize you need more protection.

Budget friendly
Sometimes, receiving treatment in- or out-of-the-hospital can be difficult if money is tight. We can help by providing you with supplemental coverage that can fit your needs and work within your budget.

Let our supplemental insurance help you and your family cover expenses for sickness or injury treatments, if and when one occurs. It’s the financially smart thing to do!

It’s never too early to prepare for the future.
This material is valid as long as information remains current, but in no event later than July 15, 2017. Group Indemnity Medical Benefits are provided by policy form GVSP1, or state variations thereof.

Coverage is provided by Limited Benefit Health Insurance. This is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer’s Guide available from Allstate Benefits.

This brochure highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Representative. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

This 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.

This brochure is for use in enrollments situated in LA.

This coverage is not available to residents of the state of Massachusetts.
**group indemnity medical (GIM)**

### HOSPITALIZATION BENEFITS

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Initial Hospital Confinement (daily, once per year)</td>
<td>$250</td>
</tr>
<tr>
<td></td>
<td>Daily Hospital Confinement (daily)</td>
<td>$100</td>
</tr>
<tr>
<td></td>
<td>Hospital Intensive Care (daily)</td>
<td>$100</td>
</tr>
</tbody>
</table>

### SURGERY AND RELATED BENEFITS

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Surgery (according to schedule)</td>
<td>$20-$500</td>
</tr>
<tr>
<td></td>
<td>Anesthesia (% of surgery)</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Inpatient Physician’s Treatment (daily)</td>
<td>$25</td>
</tr>
</tbody>
</table>

### OUTPATIENT, NURSING, AND TRANSPORTATION BENEFITS

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outpatient Emergency Accident (daily)</td>
<td>$250</td>
</tr>
<tr>
<td></td>
<td>Outpatient Physician’s Treatment (daily)</td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>At Home Nursing (daily)</td>
<td>$50</td>
</tr>
<tr>
<td></td>
<td>Ambulance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Surface Ambulance (daily)</td>
<td>$150</td>
</tr>
<tr>
<td></td>
<td>2. Air Ambulance (daily)</td>
<td>$300</td>
</tr>
<tr>
<td></td>
<td>Non-Local Transportation (daily)</td>
<td>$150</td>
</tr>
</tbody>
</table>

### WELLNESS AND DIAGNOSTIC BENEFITS

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Outpatient Diagnostic X-ray and Laboratory (daily)</td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>Wellness and Preventive Test (daily, once per year)</td>
<td>$50</td>
</tr>
</tbody>
</table>

### PRESCRIPTION BENEFIT

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prescription Drug (daily)</td>
<td>$10</td>
</tr>
</tbody>
</table>

### Premiums

<table>
<thead>
<tr>
<th>Mode</th>
<th>EE</th>
<th>EE + SP</th>
<th>EE + CH</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>$7.61</td>
<td>$13.87</td>
<td>$13.37</td>
<td>$19.52</td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td>$15.21</td>
<td>$27.73</td>
<td>$26.73</td>
<td>$39.03</td>
</tr>
</tbody>
</table>

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

Issue Ages: 18 and over if Actively at Work.

---

This insert is for use in: LA

This insert is part of brochure ABJ26879X and is not to be used on its own. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.