



Accident Insurance

Protection for accidental injuries on- and off-the-job, 24 hours a day

THINK ABOUT THIS



More than 85% of medically consulted injuries suffered by workers occurred off the job[†]



Every 10 minutes, 1,054 people suffer an injury severe enough to require a doctor or medical professional[†]

Coverage offered to the employees of:

Pasco County Tax Collector

When an accidental injury requires medical attention, the costs can pile up quickly. Accident Insurance from Allstate Benefits can help pick up where other insurance leaves off, providing a cash benefit to help cover expenses.

Here's How It Works

- Select a benefit and premium amount that meets your needs
- Premiums will be deducted each pay period
- If you have an accident and receive medical attention, file a claim to receive cash benefits*

Protecting Your Finances

You've worked hard for your savings – don't let an accident wipe them out.

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



Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations*
- Coverage can include your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

[†]National Safety Council, Injury Facts®, 2022 Edition. *Subject to exclusions and limitations, please refer to the Exclusions and Limitations section of this brochure.



Meet Daniel and Sandy

CHOOSE

Daniel signs up for Allstate Benefits Accident Insurance during his employer's Open Enrollment.

USE

A few months later, Daniel hurts his leg playing basketball. Here's his story:

				
Ambulance	Tests	Hospital Stay	Surgery	Recovery
<p>Daniel's teammate calls an ambulance to take him to the hospital</p>	<p>After X-rays, the doctors determine that Daniel ruptured his Achilles tendon</p>	<p>He is admitted to the hospital for a one-day stay to undergo surgery</p>	<p>Daniel undergoes surgery and is sent home with crutches and medications</p>	<p>Daniel undergoes six weeks of physical therapy to regain strength in his leg</p>

CLAIM

Daniel files a claim on his Allstate Benefits Hospital Accident coverage through the convenient web portal, **MyBenefits***. He receives cash benefits for:

<ul style="list-style-type: none"> • Ground Ambulance • Medicine • Emergency Room • X-rays • Initial Hospital Confinement • Daily Hospital Confinement 	<ul style="list-style-type: none"> • Accident Physician's Treatment • Tendon Surgery • General Anesthesia • Outpatient Physician • Physical Therapy (1 day/week) 	<p>*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</p>
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Here are some of the ways Daniel can use his cash benefits

 <p>Finances</p> <p>Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted</p>	 <p>Travel</p> <p>Can help pay for expenses while receiving treatment in another city</p>	 <p>Home</p> <p>Can help pay the mortgage, continue rental payments, or afford home repairs for after care</p>	 <p>Expenses</p> <p>Can help pay for his family's living expenses, such as bills, electricity, and gas</p>
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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.

Group Voluntary Accident (GVAP6)

24-Hour Accident Insurance from Allstate Benefits

Offered to the employees of:
Pasco County Tax Collector

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFIT		PLAN 1	PLAN 2
Initial Hospital Confinement (pays once/year)		\$1,500	\$2,000
Daily Hospital Confinement (pays daily)		\$300	\$400
Intensive Care (pays daily)		\$600	\$800
RIDER BENEFITS		PLAN 1	PLAN 2
Accident Treatment & Urgent Care Rider			
Ambulance	Ground	\$400	\$400
	Air	\$1,200	\$1,200
Accident Physician's Treatment		\$200	\$200
X-ray		\$400	\$400
Urgent Care		\$200	\$200
Dislocation or Fracture Rider ¹		\$4,000	\$8,000
Emergency Room Services Rider		\$200	\$200
Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider (OPH) (pays daily)		\$50	\$50
Accidental Death, Dismemberment ¹ and Functional Loss ¹ Rider			
Common Carrier (fare-paying passenger)		\$125,000	\$175,000
BENEFIT ENHANCEMENT RIDER		PLAN 1	PLAN 2
Accident Follow-Up Treatment (pays daily)		\$100	\$150
Lacerations		\$100	\$150
Burns	< 15% body surface	\$200	\$300
	15% or more	\$1,000	\$1,500
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis		\$600	\$900
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		\$200	\$300
Paralysis (pays once)	Paraplegia	\$15,000	\$22,500
	Quadriplegia	\$30,000	\$45,000
Coma with Respiratory Assistance		\$20,000	\$30,000
Open Abdominal or Thoracic Surgery		\$2,000	\$3,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000	\$1,500
	Exploratory	\$300	\$450
Ruptured Spinal Disc Surgery		\$1,000	\$1,500
Eye Surgery		\$200	\$300
General Anesthesia		\$200	\$300
Blood and Plasma		\$600	\$900
Appliance		\$250	\$375
Medical Supplies		\$10.00	\$15.00
Medicine		\$10.00	\$15.00
Prosthesis	1 device	\$1,000	\$1,500
	2 or more devices	\$2,000	\$3,000
Physical, Occupational or Speech Therapy (pays daily)		\$60	\$90
Rehabilitation Unit (pays daily)		\$200	\$300
Non-Local Transportation		\$500	\$750
Family Member Lodging (pays daily)		\$200	\$300
Post-Accident Transportation (pays once/year)		\$400	\$600
Broken Tooth		\$200	\$300
Residence/Vehicle Modification		\$1,000	\$1,500
Pain Management (Epidural Injection)		\$100	\$150
Miscellaneous Outpatient Surgery		\$200	\$300

¹Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$8.62	\$14.88	\$17.98	\$23.88

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$11.48	\$19.84	\$24.80	\$31.76

Issue ages: 18 and over if actively at work

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

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

Injury Benefit Schedule is on reverse

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	PLAN 1	PLAN 2
Hip joint	\$4,000	\$8,000
Knee or ankle joint [^] , bone or bones of the foot [^]	\$1,600	\$3,200
Wrist joint	\$1,400	\$2,800
Elbow joint	\$1,200	\$2,400
Shoulder joint	\$800	\$1,600
Bone or bones of the hand [^] , collarbone	\$600	\$1,200
Two or more fingers or toes	\$280	\$560
One finger or toe	\$120	\$240
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1	PLAN 2
Hip, thigh (femur), pelvis ^{^^}	\$4,000	\$8,000
Skull ^{^^}	\$3,800	\$7,600
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200	\$4,400
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600	\$3,200
Foot ^{^^} , hand or wrist ^{^^}	\$1,400	\$2,800
Lower jaw ^{^^}	\$800	\$1,600
Two or more ribs, fingers or toes, bones of face or nose	\$600	\$1,200
One rib, finger or toe, coccyx	\$280	\$560
LOSS	PLAN 1	PLAN 2
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$50,000	\$70,000
One eye, hand, arm, foot, or leg	\$25,000	\$35,000
One or more entire toes or fingers	\$5,000	\$7,000

[^]Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ^{^^}Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

FOR HOME OFFICE USE ONLY - GVAP6B

Opt 1 - 3.0U Base; 2.0U D/F 100%CH; 4.0U AUC; 2.0U ERS; 2.5U ADD; 2.0U BERINC; 2.0U OPH; 24 Hour

Opt 2 - 4.0U Base; 4.0U D/F 100%CH; 4.0U AUC; 2.0U ERS; 3.5U ADD; 3.0U BERINC; 2.0U OPH; 24 Hour

ABQ V 02.01.2025 RE V 06.03.2020



For use in enrollments situated in: FL. This rate insert is part of the approved brochure for Pasco County Tax Collector and is not to be used on its own.

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Benefits - Benefit paid for the following conditions (subject to limits listed on pages 3 and 4)

BASE POLICY BENEFITS

Initial Hospital Confinement - initial hospitalization after the effective date

Daily Hospital Confinement - up to 365 days for any one accident

Intensive Care - up to 180 days for each period of continuous confinement

RIDER BENEFITS ADDED TO BASE POLICY

Accident Treatment & Urgent Care Rider - Benefits for: Ground Ambulance, Air Ambulance, Accident Physician's Treatment, X-ray, Urgent Care

Dislocation/Fracture Rider - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule on page 4. Multiple dislocations, fractures, from the same accident are limited to the amount shown on pages 3 and 4

Emergency Room Services Rider - received as a result of injury

OPTIONAL/ADDITIONAL RIDER BENEFITS

Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider - payable once per day, per covered person, not to exceed 2 days per covered person, per calendar year and a maximum of 4 days per calendar year if dependents are covered. Does not include sickness

BENEFIT ENHANCEMENT RIDER

Accident Follow-Up Treatment - not payable for the same visit for which the Physical, Occupational or Speech Therapy benefit is paid. Six treatments per covered person, per accident

Burns - treatment for one or more burns, other than sunburns

Skin Graft - for a burn for which a benefit is paid under the Burns benefit

Brain Injury Diagnosis - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage. Must be diagnosed by CT Scan, MRI, EEG, PET scan or X-ray

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) - treatments must be received within 30 days after the accident. Payable once per covered person, per accident, per calendar year

Paralysis - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for 90 consecutive days

Open Abdominal or Thoracic Surgery - must be performed by a physician. Two or more surgeries done at the same time are considered one operation

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery - surgery for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery. Two or more surgeries done at the same time are considered one operation

Ruptured Disc Surgery - diagnosis and surgical repair to a ruptured disc of the spine by a physician. Two or more surgeries done at the same time are considered one operation

Eye Surgery - surgery or removal of a foreign object by a physician

General Anesthesia - payable only if one of the policy Surgery benefits is paid

Blood and Plasma - transfusion after an accident. Within 180 days after the accident

Appliance - physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility

Medical Supplies - purchased over-the-counter medical supplies

Medicine - purchased prescription or over-the-counter medicines supplies

Prosthesis - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident

Physical, Occupational or Speech Therapy - 1 treatment per day; maximum of 6 treatments per accident. Includes chiropractic services. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid

Rehabilitation Unit - must be hospital-confined due to an injury prior to being transferred to rehab. Paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. Not paid for days on which the Daily Hospital Confinement benefit is paid

Non-Local Transportation - when a covered person travels more than 50 miles from their home to obtain treatment not available locally. Does not cover ambulance. Up to three times per covered persons, per accident

Family Member Lodging - 1 adult family member to be with you while you are hospital confined. Not paid if family member lives within 50 miles of the hospital. Payable up to 30 days per accident

Post-Accident Transportation - to return home on a common-carrier after a hospital stay of 3 days or more if the accident occurs more than 250 miles from home. Common-carrier includes public airlines, railroads, and bus lines. Travel must take place within 48 hours following discharge. Payable only if the Daily Hospital Confinement benefit is paid

Broken Tooth - dental repair by crown, filling or extraction; only one of the three is covered per accident. Injury must be to natural teeth and cannot be due to biting or chewing

Residence/Vehicle Modification - permanent structural modification certified necessary by a physician, within 365 days after accident

Pain Management (Epidural Injection) - injection in the spine to manage pain due to an accidental injury

Miscellaneous Outpatient Surgery - physician-performed outpatient surgical procedure. Not paid if one of the following benefits is paid: Open Abdominal or Thoracic Surgery; Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery; Ruptured Disc Surgery; or Eye Surgery

CERTIFICATE SPECIFICATIONS

Conditions and Limits - When an injury results in a covered loss within 180 days, unless otherwise stated, from the date of an accident, and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. 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).

Dependent Eligibility/Termination - Coverage may include you, your spouse or domestic partner, and your children. Coverage for children ends 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 the domestic partnership or your death.

When Coverage Ends - Coverage under the policy and riders ends on the earliest of: the date the policy or certificate is canceled; the last day of the period for which you made any required contributions; the last day you are in active employment, 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; or discovery of fraud or material misrepresentation when filing a claim; or the day you request to discontinue coverage in writing.

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

EXCLUSIONS AND LIMITATIONS

Exclusions and Limitations for Policy and the following riders: Accident Treatment & Urgent Care Rider; Dislocation/Fracture Rider; Emergency Room Services Rider; and Benefit Enhancement Rider - Benefits are not paid for any loss that is caused by, contributed to by or results from: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide, while sane or insane; intentionally self-inflicted injury or action; any bacterial infection (except from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting an assault or felony; driving in any race or speed test or testing any vehicle on any racetrack or speedway; hernia, including complications; injury while under the influence of alcohol or any drug, unless prescribed by a physician; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

Exclusions and Limitations for Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider - Benefits are not paid for any loss that is caused by, contributed to by or results from: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide, while sane or insane; intentionally self-inflicted injury or action; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting an assault or felony; driving in any race or speed test or testing an automobile or any vehicle on any racetrack or speedway; injury while under the influence of alcohol or any drug, unless taken as prescribed by a physician; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

This brochure is for use in enrollments situated 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 July 31, 2028.

Group Accident benefits are provided under policy form GVAP6 or state variations thereof. Accidental Rider benefits are provided under the following rider forms, or state variations thereof: Accident Treatment and Urgent Care Rider GP6AUC; Dislocation/Fracture Rider GP6DF; Emergency Room Services Rider GP6ERS; Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider GP6OPH; Benefit Enhancement Rider GP6BE.

The coverage provided is limited benefit supplemental accident 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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Cancer Insurance

Protection for the treatment of cancer and 29 specified diseases

THINK ABOUT THIS



Early detection, improved treatments and access to care are factors that influence cancer survival[†]



The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030^{††}

Coverage offered to the employees of:

Pasco County Tax Collector

After a cancer diagnosis, your life can become a whirlwind of doctor appointments and difficult decisions. Your finances don't need to be added to your list of worries. Cancer Insurance from Allstate Benefits can help you rest a little easier.

Here's How It Works

- Select the coverage that's right for you and your family
- If diagnosed with cancer or a specified disease, you file a claim
- You may receive a lump-sum cash benefit via check or direct deposited that you can use however you wish

Protecting Your Finances

You've worked hard for your savings - don't let a cancer diagnosis wipe them out.

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



**Protecting insureds
for over 60 years**

Meeting Your Needs

- Coverage can include your dependents
- Includes coverage for cancer and 29 specified diseases
- Waiver of premium after 90 days when disabled due to cancer (employee only)
- Coverage may be continued; refer to your certificate for details

[†]Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2021. ^{††}Cancer Treatment & Survivorship Facts & Figures, 2019-2021.



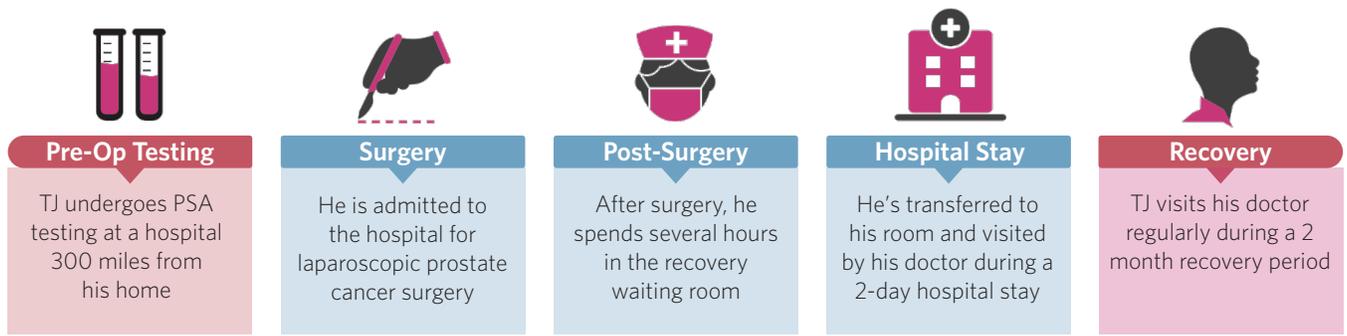
Meet TJ

CHOOSE

TJ signs up for Allstate Benefits Cancer Insurance during his employer's Open Enrollment.

USE

A few months later, TJ learns that he has prostate cancer. Here's his treatment path:



CLAIM

TJ files a claim on his Allstate Benefits Cancer Insurance coverage through the convenient web portal, **MyBenefits***.

He receives cash benefits for:

<ul style="list-style-type: none"> • Cancer Screening • Cancer Initial Diagnosis • Continuous Hospital Confinement • Non-Local Transportation • Surgery • Anesthesia 	<ul style="list-style-type: none"> • Inpatient Drugs and Medicine • Physician's Attendance • Comfort/Anti-Nausea 	<p>*MyBenefits Claim Filing Portal</p> <p>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.</p> <p>Access: mybenefits.allstate.com</p>
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Here are some of the ways TJ can use his cash benefits



The example above details a fictional situation; your individual experience may vary. For a listing of benefits, see page 3.

Benefits - Benefit paid for the following conditions

HOSPITAL CONFINEMENT AND RELATED BENEFITS

Continuous Hospital Confinement - inpatient admission and confinement, up to 70 days per continuous confinement

Extended Benefits - daily benefit for continuous hospital confinement lasting more than 70 days. Paid in lieu of all other benefits except Waiver of Premium

Government or Charity Hospital - confinements in lieu of all other benefits, except Waiver of Premium

Private Duty Nursing Services - full-time nursing services authorized by attending physician

Extended Care Facility - confinement must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

Hospice Care (Freestanding Hospice Care Center or Hospice Care Team) - terminal illness care in a facility or at home; one visit per day. Must begin within 14 days of a covered hospital stay

RADIATION/CHEMOTHERAPY

Radiation/Chemotherapy - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration, processing, procurement, cross matching

SURGERY AND RELATED BENEFITS

Surgery - based on Certificate Schedule of Surgical Procedures. Does not pay for surgeries covered by other policy benefits. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other surgeries covered by other benefits

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Surgical Opinion - second opinion for surgery by a doctor not in practice with your doctor

TRANSPORTATION AND LODGING BENEFITS

Ambulance - transfer by a licensed or hospital-owned ambulance to or from hospital where confined for cancer or specified disease treatment

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit paid

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy benefit

Physician's Attendance - one inpatient visit by one physician

Physical or Speech Therapy - to restore normal body function

Prosthesis - surgical implantation of prosthetic device for each amputation and breast reconstructive surgery incident to mastectomies

Comfort/Anti-Nausea Benefit - prescribed anti-nausea medication on outpatient basis

Waiver of Premium (Employee only) - must be disabled 90 days in a row due to cancer; payable as long as disability lasts

OPTIONAL/ADDITIONAL BENEFITS

Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer

Intensive Care (ICU)

a. ICU Confinement -

confinements up to 45 days/continuous confinement

b. Ambulance to ICU -

licensed air or surface ambulance service to ICU

Cancer Screening - pays annually for each covered person when one of the following covered screening tests is performed: Bone Marrow Testing; Blood Tests for CA15-3 (breast cancer), CA125 (ovarian cancer), PSA (prostate cancer) and CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible Sigmoidoscopy; Hemoccult Stool Analysis; Mammography; Pap Smear; Serum Protein Electrophoresis (test for myeloma)

SPECIFIED DISEASES

29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis,

Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid

Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

CERTIFICATE SPECIFICATIONS

DEFINITIONS

Actual Charge vs. Actual Cost

Actual Charge - Amount billed for a treatment or service before any insurance discounts or payments.

Actual Cost - Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

CERTIFICATE SPECIFICATIONS

Eligibility- Coverage may include you, your spouse or domestic partner, and children under age 26.

Termination of Coverage- 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, or the date you or your class is no longer eligible.

Spouse or domestic partner coverage ends upon divorce or your death. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

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.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation - We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 6-month period prior to the effective date of coverage.

Exclusions and Limitations - We do not pay for any loss except for losses due directly from cancer or a specified disease and any other conditions or diseases caused or aggravated by cancer or a specified disease. Treatment and services must be received in the United States or its territories.

For those benefits for which we pay actual charges up to a specified maximum amount (except Radiation/Chemotherapy; Blood, Plasma and Platelets; Prosthesis; New or Experimental Treatment; and Bone Marrow or Stem Cell Transplant), if specific charges are not obtainable as proof of loss, we will pay 50% of the maximum benefit.

Hospice Care - Services are not covered for food or meals, well-baby care, volunteers or support for the family after covered person's death.

Blood, Plasma and Platelets Limitation - Does not include blood replaced by donors.

Radiation/Chemotherapy for Cancer - We do not pay for: treatment planning, consultation or management; the design and construction of treatment devices; basic radiation dosimetry calculation; any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; the diagnostic tests related to these treatments; or any devices or supplies including intravenous solutions and needles related to these treatments.

Family Member Transportation - We do not pay the Family Member Transportation benefit if we pay the personal vehicle transportation benefit under the Non-Local Transportation benefit when the family member lives in the same town as the confined insured.

Intensive Care Exclusions and Limitations - Benefits are not paid for attempted suicide, intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed by a physician, or alcoholism or drug addiction. Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit, including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, or step-down and other lesser care units. Benefits are not paid for continuous confinements occurring during a hospitalization prior to the effective date. We do not pay for ambulance if paid under the Ambulance benefit (see Transportation and Lodging benefit section of this brochure).

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Group Cancer benefits are provided under policy form GVCP2, or state variations thereof.

The coverage provided is limited benefit supplemental cancer and specified disease 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.

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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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Critical Illness Insurance

Protection when faced with a critical illness diagnosis

THINK ABOUT THIS



Every 40 seconds,
an American will suffer
a heart attack[†]



Every 40 seconds,
someone in the U.S.
has a stroke[†]

Coverage offered to the employees of:

Pasco County Tax Collector

If you're diagnosed with a critical illness and it keeps you out of work, the impact to your finances can grow quickly. Critical Illness Insurance from Allstate Benefits can help ease your mind so you can focus on getting better.

Here's How It Works

- Select a benefit and premium amount to meet your needs
- Premiums will be deducted each pay period
- If you're diagnosed with a critical illness, file a claim and you may receive a lump-sum cash benefit**

Protecting Your Finances

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

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



**Protecting insureds
for over 60 years**

Meeting Your Needs

- Guaranteed Issue coverage with a Pre-Existing Condition Limitation**
- Coverage can include your dependents
- Benefits paid regardless of any other medical or disability plan coverage
- Coverage may be continued; refer to your certificate for details

[†]Heart Disease and Stroke Statistics—2023 Update: A Report From the American Heart Association. **Please refer to the Exclusions and Limitations section of this brochure.



Meet Carlos

CHOOSE

Carlos signs up for Allstate Benefits Critical Illness Insurance during his employer's Open Enrollment.

USE

A few months later, Carlos learns he has a coronary artery disease. Here's his story:



Wellness Exam

Carlos' doctor detects a heart condition during his annual wellness exam



Diagnosis

After more tests and a visit to a cardiologist, Carlos is diagnosed with coronary artery disease



Decision

His doctor recommends surgery to remove a blockage and tells Carlos his recovery will take six to eight weeks



Surgery

Carlos has bypass surgery and is in the hospital for 4 days



Recovery

Carlos goes home to begin his recovery and has regular doctor visits

CLAIM

Carlos files a claim on his Allstate Benefits Critical Illness coverage through the convenient web portal, **MyBenefits***.

He receives a lump-sum cash benefit for:

- Fixed Wellness
- Coronary Artery Bypass Surgery

*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 Carlos can use his 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 his 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, 4 and 5.

Group Critical Illness (GVCIP4)

Critical Illness Insurance from Allstate Benefits

Offered to the employees of:

Pasco County Tax

BENEFIT AMOUNTS

Percentages below are based on the Basic Benefit Amount of \$10,000(Plan 1) or \$20,000(Plan 2) chosen by your employer.

†Covered dependents receive 50% of your benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Waiver of Premium (employee only)	Yes	Yes
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2
Initial Critical Illness (same amount as Initial Critical Illness Benefit)	Yes	Yes
RIDER BENEFITS	PLAN 1	PLAN 2
Cardiopulmonary Enhancement Rider†		
Sudden Cardiac Arrest (25%)	\$2,500	\$5,000
Pulmonary Embolism (25%)	\$2,500	\$5,000
Pulmonary Fibrosis (25%)	\$2,500	\$5,000
Specified Chronic Illness Rider† (50%)	\$5,000	\$10,000
Specified Chronic Illness or Injury Rider†		
Illness (50%)	\$5,000	\$10,000
Injury (100%)	\$10,000	\$20,000
Supplemental Critical Illness Rider†		
Advanced Alzheimer's Disease (100%)	\$10,000	\$20,000
Advanced Parkinson's Disease (100%)	\$10,000	\$20,000
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Complete Loss of Sight (100%)	\$10,000	\$20,000
Complete Loss of Speech (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
Fixed Wellness Rider (per year)	\$50	\$50

PLAN 1 BI-WEEKLY ISSUE AGE PREMIUMS					PLAN 2 BI-WEEKLY ISSUE AGE PREMIUMS				
AGE	EE, EE+CH		EE+SP, F		EE, EE+CH	EE+SP, F		EE, EE+CH	EE+SP, F
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		Non-Tobacco	Tobacco		
18-29	\$1.48	\$2.48	\$2.04	\$3.30	\$2.44	\$3.90	\$3.54	\$5.56	
30-39	\$2.32	\$3.74	\$3.58	\$5.64	\$4.12	\$6.44	\$6.64	\$10.22	
40-49	\$4.00	\$6.24	\$6.54	\$10.06	\$7.46	\$11.44	\$12.54	\$19.06	
50-59	\$7.06	\$10.86	\$11.16	\$17.02	\$13.60	\$20.66	\$21.82	\$32.98	
60-64	\$9.94	\$15.16	\$15.60	\$23.66	\$19.34	\$29.26	\$30.68	\$46.28	
65+	\$16.94	\$25.66	\$26.38	\$39.84	\$33.36	\$50.30	\$52.24	\$78.62	

PLAN 1 MONTHLY ISSUE AGE PREMIUMS					PLAN 2 MONTHLY ISSUE AGE PREMIUMS				
AGE	EE, EE+CH		EE+SP, F		EE, EE+CH	EE+SP, F		EE, EE+CH	EE+SP, F
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco		Non-Tobacco	Tobacco		
18-29	\$3.18	\$5.34	\$4.39	\$7.14	\$5.25	\$8.43	\$7.64	\$12.04	
30-39	\$5.01	\$8.09	\$7.75	\$12.19	\$8.92	\$13.94	\$14.39	\$22.14	
40-49	\$8.64	\$13.51	\$14.14	\$21.76	\$16.16	\$24.78	\$27.16	\$41.28	
50-59	\$15.29	\$23.51	\$24.18	\$36.87	\$29.46	\$44.75	\$47.27	\$71.45	
60-64	\$21.50	\$32.82	\$33.79	\$51.24	\$41.89	\$63.39	\$66.45	\$100.24	
65+	\$36.68	\$55.60	\$57.14	\$86.30	\$72.28	\$108.97	\$113.19	\$170.34	

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

FOR HOME OFFICE USE ONLY - GVCIP4

Opt 1 - No Pre-Ex; 1.0U Base; RCIB; SCI W/O; CER; SCIR90; SCIR365; 2U FWR;

Opt 2 - No Pre-Ex; 2.0U Base; RCIB; SCI W/O; CER; SCIR90; SCIR365; 2U FWR;

ABQ V 06.01.2025 Proposal Creation Date: 7/11/2025

For use in enrollments situated in: FL. This rate insert is part of the approved brochure for Pasco County Tax and is not to be used on its own.



This material is valid as long as information remains current, but in no event later than July 11, 2028. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2025 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

Benefits - Benefits paid upon diagnosis of one of the following conditions (subject to maximums as listed on pages 3 and 4)

INITIAL CRITICAL ILLNESS BENEFITS (Benefits paid once per covered person. When all benefits have been used, the coverage terminates)

Heart Attack - the death of a portion of the heart muscle due to inadequate blood supply. Established (old) myocardial infarction and cardiac arrest are not covered

Stroke - the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are not covered

End Stage Renal Failure - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Renal failure caused by traumatic events, including surgical trauma, are not covered

Major Organ Transplant - pays either Candidate Benefit if placed on National Transplant List, or Surgery Benefit for transplant of heart, lungs, liver, pancreas or kidneys. Lungs and kidneys are each considered one major organ, regardless of whether one or both lungs or kidneys are transplanted. Surgery Benefit not paid if Candidate

Benefit paid for the same major organ; also not paid for mechanical or non-human organs

Coronary Artery Bypass Surgery - to correct narrowing or blockage of one or more coronary arteries with bypass graft. Abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement and non-surgical procedures are not covered

Waiver of Premium (employee only) - premiums waived if disabled for 90 consecutive days due to a critical illness or specified disease

REOCCURRENCE OF CRITICAL ILLNESS BENEFIT(S) (Benefits paid once per covered person. When all benefits have been used, the coverage terminates)

Initial Critical Illness - second diagnosis more than 6 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid

RIDER BENEFITS

Cardiopulmonary Enhancement Rider - once per illness per covered person

- **Sudden Cardiac Arrest** - payable if it is the primary diagnosis. Myocardial infarction (heart attack) is not covered
- **Pulmonary Embolism**
- **Pulmonary Fibrosis**

Specified Chronic Illness Rider - must be certified by a physician as having one of the following chronic illnesses: Adrenal Hypofunction (Addison's Disease); Lou Gehrig's Disease (ALS); Arthritis; Huntington's Chorea; Multiple Sclerosis; Muscular Dystrophy; Osteomyelitis; Osteoporosis. Must be unable to perform at least two daily activities for at least 90 days. Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating. Benefits paid once per covered person. When all benefits have been used, the coverage terminates

Specified Chronic Illness or Injury Rider - must be certified by a physician as having an injury or one of the chronic illnesses: Adrenal Hypofunction (Addison's Disease); Lou Gehrig's Disease (ALS); Arthritis; Huntington's Chorea; Multiple Sclerosis; Muscular Dystrophy; Osteomyelitis; Osteoporosis. Must be unable to perform at least two daily activities for at least 365 days. Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating. Benefits paid once per covered person. When all benefits have been used, the coverage terminates

Supplemental Critical Illness Rider -

- **Advanced Alzheimer's Disease** - must exhibit impaired memory and judgment and be certified unable to perform at least two daily activities without adult assistance. Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating
- **Advanced Parkinson's Disease** - must exhibit two or more of the following: muscle rigidity, tremor, or bradykinesia (slowness in physical and mental responses); and be certified unable to perform at least two daily activities without adult assistance. Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating

▪ **Benign Brain Tumor** - a non-malignant tumor limited to brain, meninges, cranial nerves or pituitary gland. Tumors of the skull, pituitary adenomas less than 10mm, and germinomas are not covered

▪ **Coma** - unconscious and not responsive to external stimulation or responsive to internal needs. Medically-induced coma, coma resulting from alcohol or drug use, and diagnosis of brain death are not covered

▪ **Complete Loss of Hearing** - permanent loss of hearing in both ears

▪ **Complete Loss of Sight** - permanent loss of vision in both eyes

▪ **Complete Loss of Speech** - permanent loss of speech or verbal communication

▪ **Paralysis** - permanent loss of muscle function in two or more limbs, due to disease or injury. Does not include loss of muscle function limited to fingers or toes

Fixed Wellness Rider - 24 exams. Once per person, per category each calendar year; see Fixed Wellness Rider List of Services and test for covered wellness services and tests

FIXED WELLNESS RIDER LIST OF SERVICES AND TESTS

Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Sampling of blood or tissue for genetic testing for cancer risk; Chest X-ray;

Colonoscopy; Doppler screening for carotid or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography,

including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test, Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; Ultrasound screening for abdominal aortic aneurysms

CERTIFICATE SPECIFICATIONS

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 -

Family members eligible for coverage are your spouse or domestic partner and children. Coverage for children ends 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 when the domestic partnership ends or your death.

When Coverage Ends - Coverage under the policy ends on the earliest of: the date the certificate is canceled, the date the policy is canceled; you stop paying your premium; the last day of active employment; you or your class are no longer eligible; 45 days after we provide termination notice due to a false claim being filed; or when all benefits have been paid under the policy and riders, if applicable.

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

EXCLUSIONS AND LIMITATIONS

Conditions and Limits - A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness or specified disease after your effective date will be payable. Benefits are subject to the Pre-Existing Condition Limitation as well as all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect.

Pre-Existing Condition Limitation - Benefits are not paid for: a critical illness that is, caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage. A pre-existing condition is a sickness, injury or other condition, whether diagnosed or not, for which symptoms existed within the 12-month period prior to the effective date; or medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date. The exception to the above is for follow-up care for breast cancer. Routine follow-up care for a covered person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during, or as the result of, the follow-up care.

Exclusions and Limitations - Benefits are not paid for: intentionally self-inflicted injury or action; committing or attempting an assault or felony or participation in an illegal occupation; suicide while sane, or self-destruction while insane, or any attempt at either; substance abuse, including alcohol, alcoholism, abuse of legally obtained prescription medication, or illegal use of non-prescribed drugs or narcotics; or being under the influence of alcohol, drugs or narcotics, unless administered and taken as prescribed by a physician.

This brochure is for use in enrollments situated in FL. 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 July 31, 2028.

Group Critical Illness benefits are provided under policy form GVCIP4, or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Cardiopulmonary Enhancement Rider GCIP4CER; Specified Chronic Illness Rider GCIP4SC1R; Specified Chronic Illness or Injury Rider GCIP4SC2R; Supplemental Critical Illness Rider GCIP4SR2; Fixed Wellness Rider GCIP4FWR.

The coverage is provided by Limited Benefit Supplemental Critical Illness Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

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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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 Canada[†]



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

Coverage offered to the employees of:

Pasco County Tax Collector

An illness or injury may land you in the hospital and your medical insurance may not cover all expenses, such as copays and deductibles. Hospital Indemnity Insurance from Allstate Benefits provides a cash benefit to help with expenses not covered.

Here's How It Works

- Select the coverage that's right for you and your family
- If you or a family member require 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

- Includes benefits for hospitalization, surgery, outpatient, nursing, transportation, plus additional benefits
- Coverage can include your dependents
- Benefits paid directly to you unless assigned elsewhere, and paid regardless of any other coverage you may have^{**}

[†]<https://www.healthsystemtracker.org/brief/what-drives-health-spending-in-the-u-s-compared-to-other-countries/>.^{††}<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:

 <p>Ambulance</p> <p>Tommy's parents call an ambulance to take him to the hospital emergency room</p>	 <p>Tests</p> <p>After running some tests, the doctors determine that Tommy has appendicitis</p>	 <p>Hospital Stay</p> <p>An appendectomy is recommended and Tommy is admitted for an overnight stay</p>	 <p>Surgery</p> <p>Tommy has surgery the next day and spends another night in the hospital</p>	 <p>Recovery</p> <p>Tommy is released to recover and follow-up visits with his doctor are scheduled</p>
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CLAIM

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

<ul style="list-style-type: none"> • Ambulance • Initial Hospital Confinement • Daily Hospital Confinement • Surgery • Anesthesia 	<ul style="list-style-type: none"> • Inpatient Physician's Treatment • Outpatient Physician's Treatment 	<p>*MyBenefits Claim Filing Portal</p> <p>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.</p> <p>Access: mybenefits.allstate.com</p>
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Here are some of the ways Tommy's mom can use the cash benefits

 <p>Finances</p> <p>Can help protect savings, retirement plans and 401(k)s from being depleted</p>	 <p>Travel</p> <p>Can help pay for expenses while receiving treatment in another city</p>	 <p>Home</p> <p>Can help pay the mortgage, continue rental payments, or home repairs for after care</p>	 <p>Expenses</p> <p>Can help pay your family's living expenses such as bills, electricity, and gas</p>
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The example above details a fictional situation, your individual experience may vary. For a listing of benefits, see page 3

Benefits - Benefit paid for the following conditions

HOSPITALIZATION BENEFITS

Initial Hospitalization Confinement - once per continuous confinement per covered person, per coverage year. Not paid for normal pregnancy or complications of pregnancy, or for a newborn child's initial confinement after birth. A newborn child's initial hospitalization includes any transfers to another hospital before the child is discharged home

Daily Hospital Confinement - up to 180 days per continuous confinement. Not paid for a newborn child's routine nursing or well-baby care during the initial hospital confinement

Hospital Intensive Care - up to 60 days per continuous confinement. Pays in addition to the Daily Hospital Confinement benefit

SURGERY BENEFITS

Surgery - for surgery performed in a hospital or ambulatory surgical center. Amount paid depends on type of surgery. Two or more surgeries performed at the same time through one incision are considered one surgery. Payable once per day per covered person

Anesthesia - 25% of the Surgery benefit

Inpatient Physician's Treatment - for physician services (other than a surgeon) when hospital confined. Payable once per day per covered person and for the number of days the Daily Hospital Confinement Benefit is payable

OUTPATIENT BENEFITS

Outpatient Emergency Accident - medical or surgical treatment received in an emergency treatment center. Payable once per day up to 2 days per person per coverage year

Outpatient Physician's Treatment - physician treatment received outside a hospital for any cause. Payable once per day per covered person. Maximum of: 5 days per covered person, per coverage year; 10 days per coverage year if Employee + Spouse or Employee + Child(ren) coverage; 15 days per coverage year if Family coverage

At Home Nursing - pays a benefit for nursing care authorized by the attending physician, within 60 days after hospital confinement. Pays once per day for up to 30 days

Ambulance - transportation by ground or air to a hospital or emergency treatment center by a licensed or hospital-owned ambulance. Payable up to a maximum number of 3 days per person per coverage year

Non-Local Transportation - first day of confinement for treatment in a non-local hospital 100 miles or more away from home. Payable once for each confinement, up to 3 days per person per coverage year

CERTIFICATE SPECIFICATIONS

Eligibility - Coverage may include you, your spouse or domestic partner and children.

Termination of Coverage -

Coverage under the policy ends on the date the policy is canceled; the last day of the period for which premium payments were made; the last day of active employment, except as provided under the Temporary Layoff, Leave of Absence or Family Medical leave of Absence provision; or the date you or your class is no longer eligible. Spouse coverage ends upon valid decree of divorce or your death. Coverage for children ends when the child reaches age 26, unless the child is disabled and dependent on you for support.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition - We do not pay benefits due to a pre-existing condition if the loss occurs during the first 12 months of coverage. A pre-existing condition is a disease or physical condition for which symptoms existed within the 12-month period prior to the effective date, or medical advice or treatment was recommended or received from a member of the medical profession within a 12-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

Limitations and Exclusions - Benefits are not paid for conditions caused by or resulting from: injury or sickness occurring before the effective date; any act of war or participation in a riot, insurrection or rebellion; suicide or attempted suicide; injury sustained while under the influence of alcohol or narcotics, unless taken on the advice of a physician; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting an assault or felony; cosmetic dental or plastic surgery, except when required to treat an injury or correct a disorder; alcoholism, drug addiction, or dependence upon any controlled substance; mental or nervous disorders; intentionally self-inflicted injuries; newborn child's nursing or routine well-baby care during initial hospital confinement; childbirth within the first 10 months of the effective date (complications of pregnancy are covered the same as sickness); hospitalization beginning before the effective date; reversal of tubal ligation or vasectomy; artificial insemination, in vitro fertilization, and test tube fertilization (including testing, medications and doctor services), unless required by law; routine eye exams or fittings; hearing aids or fittings; dental exams and care unless from an accident; or driving in any organized or scheduled race or speed test or testing any vehicle on any racetrack or speedway.

Hospital Intensive Care Benefit Exclusions - We do not pay any benefits under 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.

This brochure is for use in enrollments situated in FL. 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 July 31, 2028. Group Hospital Indemnity benefits are provided under policy form GVSP1, 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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Group Term to Age 100 Life Insurance

Financial protection for those you love most

THINK ABOUT THIS



44% of people would feel a financial impact within six months of losing their household's primary wage earner. 28% said they would be affected within just one month[†]

More than 40% of Americans with life insurance coverage wish they had purchased their policies at a younger age^{††}

Coverage offered to the employees of:

Pasco County Tax Collector

Dealing with an unexpected death is difficult enough – you don't want to leave behind overwhelming financial obligations as well. With Group Term Life Insurance coverage from Allstate Benefits, your family can still realize all the goals and dreams you shared together.

Here's How It Works

- Select the coverage that's right for you and your family
- Then if you pass away, your beneficiary files a claim
- A lump-sum cash benefit payable by direct deposit or check can be used however they wish*

Protecting Your Finances

With planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Consult with your tax advisor for specifics



Meeting Your Needs

- Guaranteed minimum death benefit is level for 5 years
- Premiums are affordable and remain level to age 100 unless you make changes to your coverage

[†]2020 Insurance Barometer Study, LIMRA. ^{††}U.S. Bureau of Labor Statistics, *Consumer Expenditure Survey*, *ibid.* *Please refer to the Exclusions and Limitations section of this brochure. †Current non-guaranteed death benefit is projected to remain level to age 100.



Meet Tiffany

CHOOSE

Tiffany signs up for **Group Term to Age 100 Life Insurance** during her employer’s Open Enrollment.

USE

Several months later, Tiffany suffers a heart attack and passes away. Her husband and children are devastated. Here’s her story:



Traveling

Tiffany traveled out of town on a business trip to meet with a client



Collapsed

She was in a meeting, experienced a sharp pain and shortness of breath, and collapsed



Ambulance

An ambulance was taking her to the nearest hospital when her heart stopped



Doctors

Doctors and nurses worked tirelessly to revive her, but they could not save her



Notification

Her husband was notified of her passing

CLAIM

Tiffany’s husband files a claim on his Term to Age 100 Life Insurance coverage along with the documentation needed to process the lump-sum death benefit claim (see How to File a Claim with Allstate Benefits on page 4).

- Her husband’s claim is received, processed, reviewed, and approved for payment by Allstate Benefits.
- The lump-sum death benefit is direct deposited into her husband’s bank account. He accesses the funds to help pay for his wife’s final burial expenses and any outstanding hospital medical bills.

Here are some of the ways the cash benefit can be used



Finances

Can help eliminate the need to deplete savings or retirement plans



Care

Can help pay the mortgage, continue rental payments, or perform needed home repairs



Expenses

Can help pay for your family’s living expenses such as bills, electricity and gas

The examples above detail fictional thought processes and needs; your individual needs and reasons for coverage may vary.

Why Group Term to Age 100 Life Insurance might be right for you

Have you ever experienced a life-changing event and worried that you would not have the finances in place to handle it if you lost your spouse? It may have crossed your mind, but you put it off because you did not want to think about the unthinkable. However, if you have a spouse, children, or even grandchildren, that is reason enough to think about planning for their future today. Here are some additional reasons to consider:

- You can't predict when you'll die, whether from a disease, accidental injury or natural causes. Upon your death, our coverage can provide a lump-sum cash benefit directly to your designated beneficiary
- You live on a budget, and purchasing traditional permanent life insurance would be costly. Our coverage is affordably priced
- You want a Term Life policy that offers coverage for more than 5, 10 or 20 years. This coverage can be with you until age 100
- You want affordable coverage that goes with you should you leave your employer. You can take the coverage with you; see your Certificate of Insurance for details
- Your family may need additional money to help with health care related bills after you die. Our coverage provides a lump-sum death benefit that can be used to help cover these expenses
- You're the primary wage earner and your family would have difficulty living without your income. If you die before age 100, our coverage offers your designated beneficiary a lump-sum death benefit that is guaranteed for the first five years of coverage and is priced to remain level under current experience factors
- You have recurring monthly debts such as a mortgage, car payment or credit cards. Our coverage provides a lump-sum death benefit that can be used to help cover monthly expenses
- You have children under 18, and they require money for daily living expenses such as food, clothing, school sports and college education. Our coverage provides a lump-sum death benefit that can be used to help with daily living expenses

Benefits

GROUP TERM TO AGE 100 LIFE INSURANCE PROVIDES:

Term Life Insurance Death Benefit - a lump-sum death benefit is payable to your designated beneficiary when you die before the certificate anniversary on or after you reach age 100

OPTIONAL/ADDITIONAL RIDER BENEFITS

Accelerated Death Benefit for Terminal Illness - a lump-sum advance of 75% of the death benefit amount (not to exceed \$100,000) when diagnosed terminally ill by a physician. The benefit payable is discounted using the current discount rate. Premiums are waived after the payment of the benefit

The rider has exclusions and limitations, may vary in availability by issue or termination age, and may not be available to all covered dependents or in all states. Additional premiums may be required for the rider added to the coverage.



protecting individuals & families

We have been in the business of protecting families for over 60 years

Beneficial insurance coverage to help you and your family enjoy **greater financial peace of mind** when the unexpected happens.

When you choose

**ALLSTATE
BENEFITS,**

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

We are the Good Hands® people

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).

How to File a Claim with Allstate Benefits

To file a claim, please submit a claim form and an APS* form to Allstate Benefits along with copies of your medical bills and hospital bills. Once we receive proof of qualified expenses, benefits are paid to you or your beneficiary.

*An Attending Physician Statement (APS) is a medical form completed by a certified physician that provides Allstate Benefits with the medical status of the insured.

EXCLUSIONS AND LIMITATIONS

Suicide Exclusion for Group Term to Age 100 Life Insurance - If an insured commits suicide (while sane or insane) within 2 years of the effective date of coverage, the death benefit may be limited to the premiums paid for that covered person.

Other Exclusions and Limitations - The policy and rider has other elimination periods, exclusions and limitations that may affect coverage. Please refer to your certificate for details.

This brochure is for use in enrollments situated in FL. 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 July 31, 2028.

Group Term Life Insurance benefits are provided under policy form GPTLP, or state variations thereof. Rider benefits are provided under the following rider forms or state variations thereof: Accelerated Death Benefit for Terminal Illness GTLPLBR.

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.



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.
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