



American Heritage Life Insurance Company

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

Accident Insurance from Allstate Benefits*

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as dismemberment, dislocation or fracture, ambulance services, physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations**
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls.

Practical benefits for everyday living.®

*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. **Please refer to the Exclusions and Limitations section of this brochure.

†National Safety Council, Injury Facts®, 2019 Edition

DID YOU KNOW ?

The number of injuries suffered by workers in one year, both on- and off-the-job, includes:†

ON-THE-JOB (in millions)



Work
4.4

OFF-THE-JOB (in millions)



Home
25.0



Non-Auto
12.6



Auto
4.3

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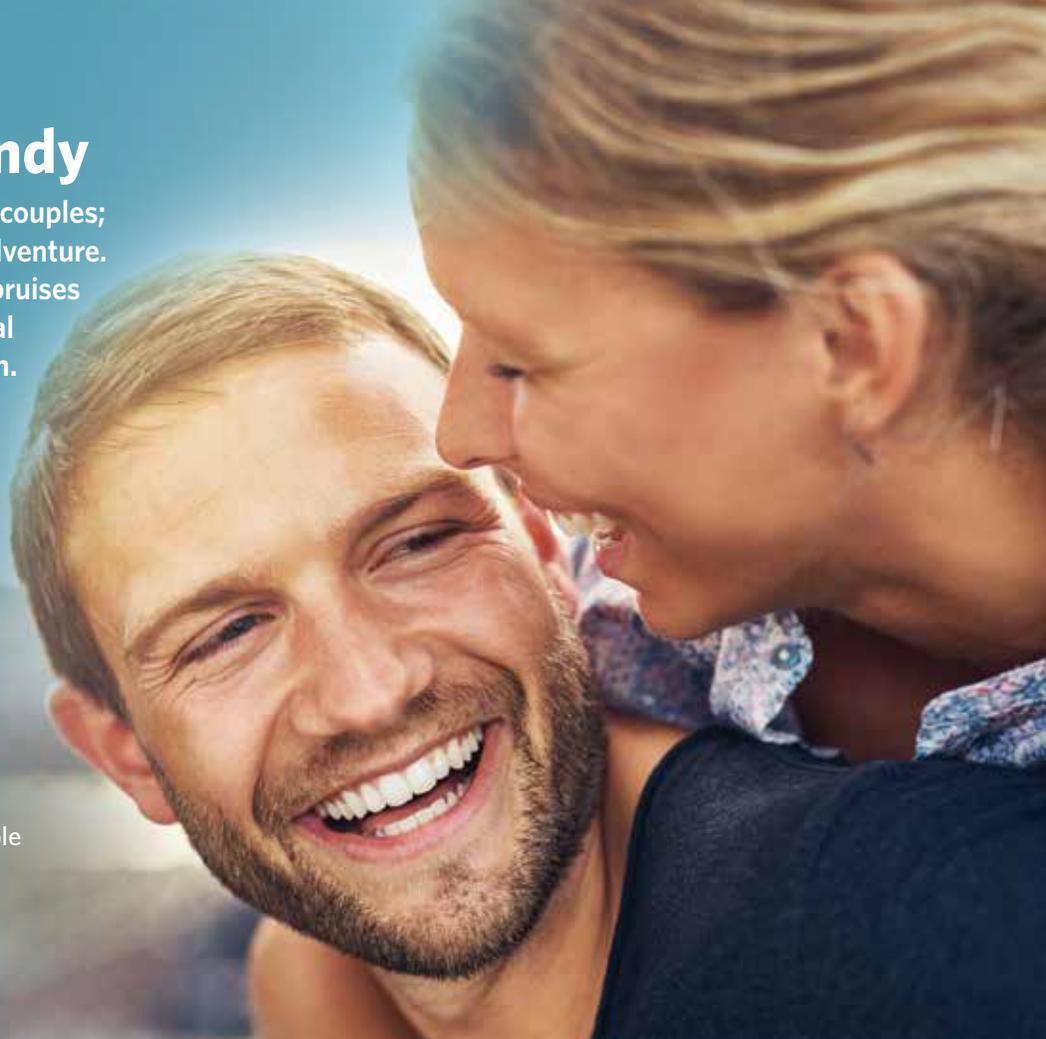
Offered to the employees of:
Hillsborough County Tax Collector

Meet Daniel & Sandy

Daniel and Sandy are like most active couples; they enjoy the outdoors and a great adventure. They have seen their share of bumps, bruises and breaks. Sandy knows an accidental injury could happen to either of them. Most importantly, she worries about how they will pay for it.

Here is what weighs heavily on her mind:

- Major medical will only pay a portion of the expenses associated with injury treatments
- They have copays they are responsible for until they meet their deductible
- If they miss work because of an injury, they must cover the bills, rent/mortgage, groceries and their child's education
- If they need to seek treatment not available locally, they will have to pay for it



Daniel's story of injury and treatment turned into a happy ending, because he had supplemental Accident Insurance to help with expenses.



CHOOSE

Daniel and Sandy choose benefits to help protect their family if they suffer an accidental injury.



ABJ38793X



USE

Daniel was playing a pick-up game of basketball with his friends when he went up for a jump-shot and, on his way back down, twisted his foot and ruptured his Achilles tendon.

Here's Daniel's treatment path:

- Taken by ambulance to the emergency room
- Examined by a doctor and X-rays were taken
- Underwent surgery to reattach the tendon
- Visited by his doctor and released after a one-day stay in the hospital
- Had to immobilize his ankle for 6 weeks
- Seen by the doctor during a follow-up visit and sent to physical therapy to strengthen his leg and improve his mobility

Daniel would go online after each of his treatments to file claims. The cash benefits were direct deposited into his bank account.

Daniel is back playing basketball and enjoying life.



CLAIM

Daniel's Accident claim paid cash benefits for the following:

Ground Ambulance

Medicine

Emergency Room

X-rays

Initial Hospital Confinement

Daily Hospital Confinement

Accident Physician's Treatment

Tendon Surgery

General Anesthesia

Outpatient Physician

Physical Therapy (3 days/week)

For a listing of benefits and benefit amounts, see pages 3, 4 and 5.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



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 perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



MyBenefits: 24/7 Access mybenefits.allstate.com

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Dependent Eligibility

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

*Two treatments per covered person, per accident. **Up to three times per covered person, per accident. ¹Multiple dislocations, fractures, dismemberments or functional losses from the same accident are limited to the amount shown in the Benefit Amounts on page 4. ²Two or more surgeries done at the same time are considered one operation. ³Paid 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.

Benefits (subject to maximums as listed on pages 4 and 5)

BASE POLICY BENEFITS

Initial Hospital Confinement

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 Rider¹ - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule on page 5

Emergency Room Services Rider - received as a result of injury

ADDITIONAL RIDER BENEFITS

Outpatient Physician's Benefit Rider - 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. Covers sickness

Accidental Death, Dismemberment and Functional Loss Rider

Benefits for: Accidental Death, Common Carrier, Dismemberment¹, Functional Loss¹

Benefit Enhancement Rider

Accident Follow-Up Treatment - not payable for the same visit for which the Physical, Occupational or Speech Therapy benefit is paid*

Lacerations

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

Coma with Respiratory Assistance - unconsciousness lasting 7 or more days; intubation required. Medically induced comas excluded

Open Abdominal or Thoracic Surgery - must be performed by a physician²

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 surgery²

Ruptured Disc Surgery - diagnosis and surgical repair to a ruptured disc of the spine by a physician²

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

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

Blood and Plasma

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

Medical Supplies

Medicine

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 rehab³

Non-Local Transportation - obtaining treatment more than 50 miles from your home when not available locally. Ground or air ambulance is not covered**

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 - three-day hospital stay more than 250 miles from your home, with a flight on a common carrier to return home. 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

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted

BASE POLICY BENEFITS		PLAN
Initial Hospital Confinement (pays once/year)		\$2,000
Daily Hospital Confinement (pays daily)		\$400
Intensive Care (pays daily)		\$800
RIDER BENEFITS		PLAN
Accident Treatment and Urgent Care Rider		
Ambulance	Ground	\$350
	Air	\$1,050
Accident Physician's Treatment		\$175
X-ray		\$350
Urgent Care		\$175
Dislocation or Fracture Rider ⁴		\$5,000
Emergency Room Services Rider		\$350
Outpatient Physician's Benefit Rider (pays daily)		\$50
Accidental Death, Dismemberment ⁴ and Functional Loss ⁴ Rider		\$70,000
Common Carrier Accidental Death (fare-paying passenger)		\$175,000
BENEFIT ENHANCEMENT RIDER		PLAN
Accident Follow-Up Treatment (pays daily)		\$200
Lacerations		\$200
Burns	< 15% body surface	\$400
	15% or more	\$2,000
Skin Graft (% of Burns Benefit)		50%
Brain Injury Diagnosis		\$1,200
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		\$200
Paralysis (pays once)	Paraplegia	\$30,000
	Quadriplegia	\$60,000
Coma with Respiratory Assistance		\$40,000
Open Abdominal or Thoracic Surgery		\$4,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$2,000
	Exploratory	\$600
Ruptured Spinal Disc Surgery		\$2,000
Eye Surgery		\$400
General Anesthesia		\$400
Blood and Plasma		\$1,200
Appliance		\$500
Medical Supplies		\$20
Medicine		\$20
Prosthesis	1 device	\$2,000
	2 or more devices	\$4,000
Physical, Occupational or Speech Therapy (pays daily)		\$120
Rehabilitation Unit (pays daily)		\$400
Non-Local Transportation		\$1,000
Family Member Lodging (pays daily)		\$400
Post-Accident Transportation (pays once/year)		\$800
Broken Tooth		\$400
Residence/Vehicle Modification		\$2,000
Pain Management (Epidural Injection)		\$200
Miscellaneous Outpatient Surgery		\$400

⁴Up to amount shown; see Injury Benefit Schedule on page 5. Multiple losses from same injury pay only up to amount shown above.

PLAN PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$11.93	\$20.63	\$24.90	\$32.86

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 page 5

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	PLAN
Hip joint	\$5,000
Knee or ankle joint [^] , bone or bones of the foot [^]	\$2,000
Wrist joint	\$1,750
Elbow joint	\$1,500
Shoulder joint	\$1,000
Bone or bones of the hand [^] , collarbone	\$750
Two or more fingers or toes	\$350
One finger or toe	\$150
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN
Hip, thigh (femur), pelvis ^{**}	\$5,000
Skull ^{**}	\$4,750
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,750
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$2,000
Foot ^{**} , hand or wrist ^{**}	\$1,750
Lower jaw ^{**}	\$1,000
Two or more ribs, fingers or toes, bones of face or nose	\$750
One rib, finger or toe, coccyx	\$350
LOSS	PLAN
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$70,000
One eye, hand, arm, foot, or leg	\$35,000
One or more entire toes or fingers	\$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).

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.

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 and Urgent Care Rider; Dislocation/Fracture Rider; Emergency Room Services Rider; Accidental Death, Dismemberment and Functional Loss 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 taken as prescribed by a physician; or 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 Benefit Rider

Benefits are not paid for any loss that is caused by, contributed to by or results from: loss 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; or serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

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813-996-2525



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www.allstate.com or
allstatebenefits.com

This brochure is for use in enrollments situated in FL.

This material is valid as long as information remains current, but in no event later than November 1, 2026.

Group Accident benefits are provided under policy form GVAP6, or state variations thereof. Accident 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 Benefit Rider GP6OPT; Accidental Death, Dismemberment and Functional Loss Rider GP6ADD; 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.

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.



American Heritage Life Insurance Company

Protection for the treatment of cancer and 29 specified diseases

Cancer Insurance from Allstate Benefits*

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses, and more importantly, to empower you to seek the care you need.

Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

Meeting Your Needs

- Includes coverage for cancer and 29 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
- Coverage may be continued; refer to your certificate for details
- Additional benefits have been added to enhance your coverage

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Practical benefits for everyday living.**[®]

*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. †Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2021. ‡Cancer Treatment & Survivorship Facts & Figures, 2019-2021.

DID YOU KNOW ?



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

22.1 million

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030[‡]

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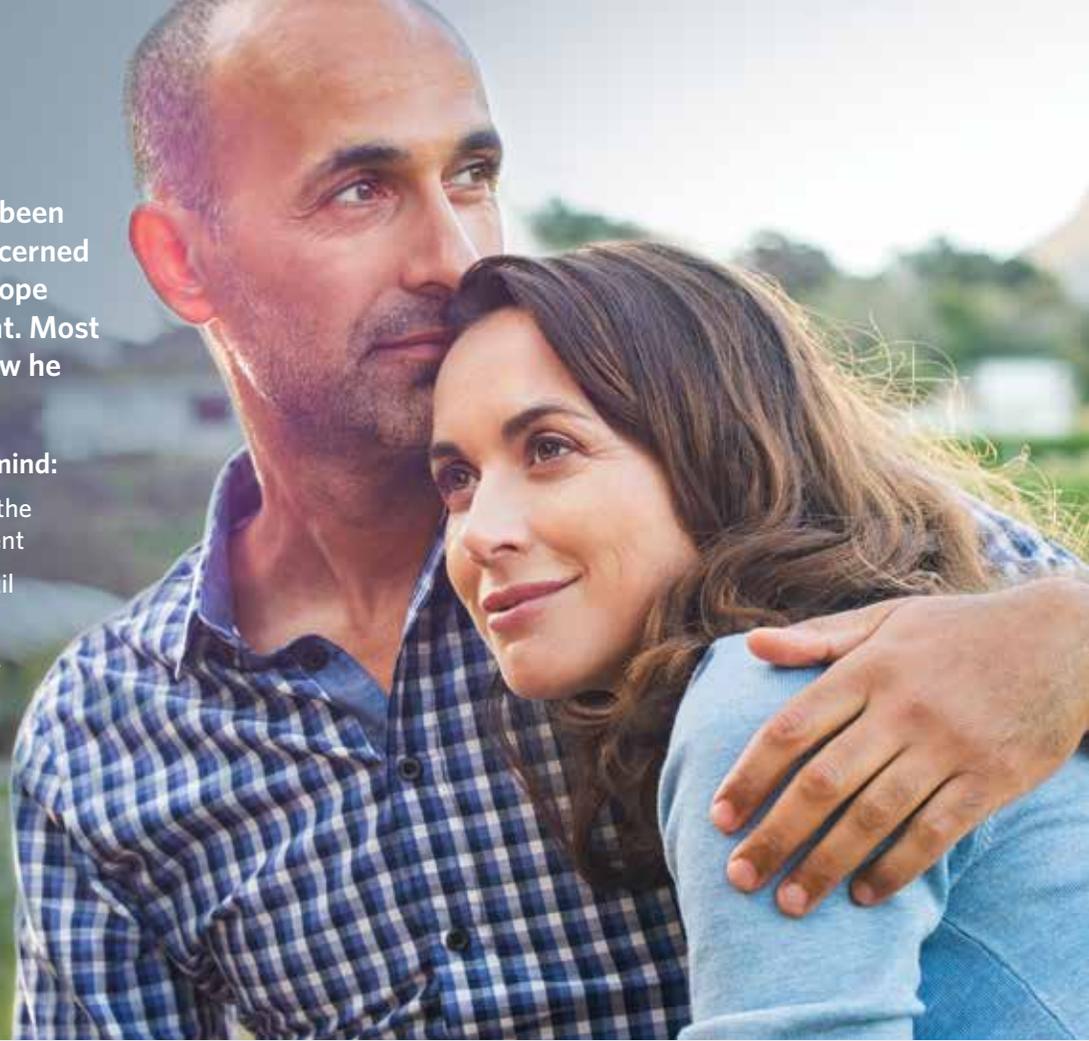
Offered to the employees of:
Hillsborough County Tax Collector

Meet Tony

Tony is like anyone else who has been diagnosed with cancer. He is concerned about his wife and how she will cope with his disease and its treatment. Most importantly, he worries about how he will pay for his treatment.

Here is what weighs heavily on his mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to treatments, I must cover my bills, rent/mortgage, groceries and other daily expenses
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Here's how Tony's story of diagnosis and treatment turned into a happy ending, because he had supplemental Cancer Insurance to help with expenses.



CHOOSE

Tony chooses benefits to help protect himself and his wife if diagnosed with cancer or a specified disease



USE

Tony undergoes his annual wellness test and is diagnosed for the first time with prostate cancer. His doctor reviews the results with him and recommends pre-op testing and surgery.

Here's Tony's treatment path:

- Tony travels to a specialized hospital 400 miles from where he lives and undergoes pre-op testing
- He is admitted to the hospital for laparoscopic prostate cancer surgery
- Tony undergoes surgery and spends several hours in the recovery waiting room
- He is transferred to his room where he is visited by his doctor during a 2-day hospital stay
- Tony is released under doctor required treatment and care during a 2-month recovery period

Tony continues to fight his cancer and follow his doctor recommended treatments.



CLAIM

Tony's Cancer claim paid him cash benefits for the following:

- Cancer Screening
- Cancer Initial Diagnosis
- Continuous Hospital Confinement
- Non-Local Transportation
- Surgery
- Anesthesia
- Inpatient Drugs and Medicine
- Physician's Attendance
- Comfort/Anti-Nausea

For a listing of benefits and benefit amounts, see pages 3 and 4.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



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 perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



MyBenefits: 24/7 Access mybenefits.allstate.com

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Eligibility

Coverage may include you, your spouse, and children.

Benefits (subject to maximums as listed on page 4)

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

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 service 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

New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

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

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

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

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/stay

b. Ambulance - 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

*Two or more surgeries done at the same time 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 **Premiums waived for employee only

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS		PLAN
Continuous Hospital Confinement (daily)		\$200
Extended Benefits ¹ (daily)		\$200
Government or Charity Hospital (daily)		\$200
Private Duty Nursing Services ¹ (daily)		\$200
Extended Care Facility ¹ (daily)		\$200
At Home Nursing ¹ (daily)		\$200
Hospice Care Center ¹ (daily) or Hospice Care Team ¹ (per visit)		\$200 \$200
RADIATION/CHEMOTHERAPY		PLAN
Radiation/Chemotherapy ¹ (every 12 months)		\$10,000
Blood, Plasma, and Platelets ¹ (every 12 months)		\$10,000
SURGERY AND RELATED BENEFITS		PLAN
Surgery ²		
1. Inpatient		\$1,500
2. Outpatient		\$2,250
Anesthesia ¹ (% of surgery benefit)		25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous		1. \$500
2. Non-autologous (cancer or specified disease treatment)		2. \$1,250
3. Non-autologous (Leukemia)		3. \$2,500
Ambulatory Surgical Center ¹ (daily)		\$250
Second Surgical Opinion ¹		\$200
TRANSPORTATION AND LODGING BENEFITS		PLAN
Ambulance ¹ (per confinement)		\$100
Non-Local Transportation (coach fare or amount shown per mile*)		\$0.40/mi
Outpatient Lodging ³ (daily; limit \$2,000/12 mo. period)		\$50
Family Member Lodging ³ (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile*)		\$50 \$0.40/mi
MISCELLANEOUS BENEFITS		PLAN
Inpatient Drugs and Medicine ¹ (daily)		\$25
Physician's Attendance ¹ (daily)		\$50
Physical or Speech Therapy ¹ (daily)		\$50
New or Experimental Treatment ¹ (every 12 months)		\$5,000
Prosthesis ¹ (per amputation)		\$2,000
Comfort/Anti-Nausea Benefit ¹		\$200
Waiver of Premium (employee only)		Yes
ADDITIONAL BENEFITS		PLAN
Cancer Initial Diagnosis (one-time benefit)		\$5,000
Intensive Care (ICU)	ICU Confinement (daily)	\$200
	Ambulance	Charges
Cancer Screening		\$100

¹Pays actual charges up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual cost up to amount listed. *Maximum of 700 miles.

PLAN PREMIUMS

MODE	EE	F
Semi-Monthly	\$12.01	\$20.60

EE = Employee; F = Family

Issue Ages: 18 and over if Actively at Work

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, and children.

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 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.

For the **Radiation/Chemotherapy** benefit, 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.

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 or 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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BENEFITS

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www.allstate.com or
allstatebenefits.com

ABJ35695X-2

This brochure is for use in enrollments situated in FL.

Rev. 11/23. This material is valid as long as information remains current, but in no event later than November 1, 2026. 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.

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.



American Heritage Life Insurance Company

Protection when faced with a critical illness diagnosis and you need treatment

Critical Illness Insurance from Allstate Benefits*

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Here's How It Works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Meeting Your Needs

- Guaranteed Issue coverage with a Pre-Existing Condition Limitation**
- Coverage available for dependents
- Covered dependents receive 50% of your Basic-Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details
- 25% of your Basic-Benefit Amount is paid for Advanced Alzheimer's Disease and Advanced Parkinson's Disease

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Practical benefits for everyday living.**®

*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. **Please refer to the Exclusions and Limitations section of this brochure. †https://www.cdc.gov/heartdisease/heart_attack.htm ††<https://www.cdc.gov/stroke/facts.htm>

DID YOU KNOW ?



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



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

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Offered to the employees of:
Hillsborough County Tax Collector

Meet Ashley

Ashley is like any single parent who has been diagnosed with a critical illness. She's worried about her future, her children and how they will cope with her treatments. Most importantly, she worries about how she will pay for it all.

Here is what weighs heavily on her mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to my treatments, I must cover my bills, rent/mortgage, groceries and my children's education
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Ashley's story of diagnosis and treatment turned into a happy ending, because she had supplemental Critical Illness Insurance to help with expenses.



CHOOSE

Ashley chooses Critical Illness benefits to help protect herself and her children, if they are diagnosed with a critical illness.



USE

During Ashley's annual wellness exam, her doctor noticed an irregular heartbeat. She underwent an electrocardiogram (EKG) test and stress test, which confirmed she had a blockage in one of her coronary arteries.

Here's Ashley's treatment path:

- Ashley has her annual wellness exam
- Her doctor notices an abnormality in her heartbeat; tests are performed and she is diagnosed with coronary artery disease
- After visits with doctors, surgeons and an anesthesiologist, Ashley undergoes surgery
- Surgery is performed to remove the blockage with a bypass graft. She is visited by her doctor during a 4-day hospital stay and released
- Ashley follows her doctor required treatment during a 2-month recovery period, and has regular doctor office visits

Ashley is doing well and is on the road to recovery.



CLAIM

Ashley's Critical Illness claim paid her cash benefits for the following:

Wellness

Coronary Artery Bypass Surgery

The cash benefits were direct deposited into her bank account.

For a listing of benefits and benefit amounts, see pages 3 and 4.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



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 perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



MyBenefits: 24/7 Access mybenefits.allstate.com

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Wellness - Biopsy for skin cancer; Bone Marrow Testing; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Chest X-ray; Colonoscopy; Doppler screening for carotids 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.

Benefits (subject to maximums as listed on page 4)

Benefit paid upon diagnosis of one of the following conditions

INITIAL CRITICAL ILLNESS BENEFITS*

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

Major Organ Transplant - transplant of heart, lung, liver, pancreas or kidneys. Transplanted organ must come from a human donor

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

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

SECOND EVENT BENEFIT*

Second Event Initial Critical Illness - second diagnosis more than 12 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid

SUPPLEMENTAL CRITICAL ILLNESS II BENEFITS*

Advanced Alzheimer's Disease - must exhibit impaired memory and judgment and be certified unable to perform two or more daily activities¹ without adult assistance

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 three daily activities¹ without adult assistance

Benign Brain Tumor - a non-cancerous tumor confirmed by biopsy or surgical excision, or specific neuroradiological examination, and persistent neurological deficits including but not limited to: loss of vision; loss of hearing; or balance disruption. Tumors of the skull, pituitary adenomas, and germinomas are not covered

Coma - unconsciousness due to sickness or traumatic brain injury, with severe neurologic dysfunction and unresponsiveness for 14 consecutive days. Requires significant medical intervention and life support. Medically induced Coma is not covered

Complete Blindness - irreversible reduction of sight in both eyes

Complete Loss of Hearing - total and irreversible loss of hearing in both ears

Paralysis - total and permanent loss of voluntary movement or motor function of 2 or more limbs

ADDITIONAL BENEFIT

Wellness Benefit - 23 exams. Once per person, per calendar year; see left for list of wellness services and tests

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates. ¹Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating.

BENEFIT AMOUNTS

†Covered dependents receive 50% of your benefit amount

INITIAL CRITICAL ILLNESS BENEFITS†	PLAN
Heart Attack (100%)	\$15,000
Stroke (100%)	\$15,000
Major Organ Transplant (100%)	\$15,000
End Stage Renal Failure (100%)	\$15,000
Coronary Artery Bypass Surgery (25%)	\$3,750
Waiver of Premium (employee only)	Yes
SECOND EVENT BENEFIT†	PLAN
Second Event Initial Critical Illness Benefit (same amount as Initial Critical Illness)	Yes
SUPPLEMENTAL CRITICAL ILLNESS II BENEFITS†	PLAN
Advanced Alzheimer's Disease (25%)	\$3,750
Advanced Parkinson's Disease (25%)	\$3,750
Benign Brain Tumor (100%)	\$15,000
Coma (100%)	\$15,000
Complete Blindness (100%)	\$15,000
Complete Loss of Hearing (100%)	\$15,000
Paralysis (100%)	\$15,000
ADDITIONAL BENEFIT	PLAN
Wellness Benefit (per year)	\$100

PLAN - SEMI-MONTHLY PREMIUMS

\$15,000 Basic Benefit Amount

AGE	EE, EE+CH	EE+SP, F
	Non-Tobacco	
18-24	\$3.26	\$5.39
25-29	\$3.63	\$6.14
30-35	\$4.37	\$7.33
36-39	\$5.16	\$8.66
40-44	\$6.12	\$10.12
45-50	\$7.58	\$12.27
51-54	\$9.41	\$14.95
55-60	\$11.73	\$18.38
61-70	\$15.05	\$23.20
71+	\$23.23	\$35.38
AGE	Tobacco	
18-24	\$3.68	\$6.00
25-29	\$4.05	\$6.75
30-35	\$5.01	\$8.29
36-39	\$6.36	\$10.43
40-44	\$7.85	\$12.69
45-50	\$10.25	\$16.23
51-54	\$12.99	\$20.23
55-60	\$17.20	\$26.48
61-70	\$21.21	\$32.35
71+	\$31.22	\$47.90

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

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 policy is canceled; you stop paying your premium; the last day of active employment; you are no longer eligible; a false claim is filed; when all benefits have been paid under the policy.

Continuing Your Coverage

You may be able 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 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 certificate and be diagnosed by a physician while coverage is in effect. The date of diagnosis for each illness must be separated by 90 days. Emergency situations outside the U.S. will be considered when you return to the U.S.

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 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 is follow-up care for breast cancer: If you have been previously found to be free of breast cancer, routine follow-up care 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

Benefits are not paid for: war or participation in a riot, insurrection or rebellion; intentionally self-inflicted injury or action; illegal activities or occupations; suicide while sane, or self-destruction while insane, or any attempt at either; substance abuse, including alcohol, alcoholism, drug addiction, or dependence upon any controlled substance.

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This brochure is for use in enrollments situated in FL.

This material is valid as long as information remains current, but in no event later than November 1, 2026. Group Critical Illness benefits are provided under policy form GVCIP2, or state variations thereof.

The coverage provided is 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.

**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**[naic.org](https://www.naic.org)**) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



American Heritage Life Insurance Company

Protection for hospital stays when a sickness or injury occurs

Supplemental Health Insurance from Allstate Benefits*

Life is unpredictable. Without any warning, an illness or injury can lead to a hospital confinement and medical procedures and/or visits, which may mean costly out-of-pocket expenses.

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. But having the right coverage in place before you experience a sickness or injury can help eliminate your financial concerns and provide support at a time when it is needed most. We offer a solution to help you protect your income and empower you to seek treatment.

Here's How It Works

Our Supplemental Health Options insurance pays a cash benefit for hospital confinements. This benefit is payable directly to you and can help keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. Protecting your finances if faced with an unexpected illness is extremely important, as is seeking the necessary treatment when you need it. Up to 65% of all bankruptcies in the United States are attributed to medical expenses², making it increasingly important to not only protect your finances if faced with an unexpected illness, but also to empower yourself to seek the necessary treatment.

Meeting Your Needs

- Includes benefits for hospitalization, surgery, outpatient, nursing, transportation, plus additional benefits can be added to enhance your coverage
- Coverage available for spouse and child(ren)
- Benefits paid directly to you unless assigned elsewhere, and paid regardless of any other coverage you may have

With Allstate Benefits, you can feel assured that you have the protection you need if faced with a hospitalization. **Practical benefits for everyday living.**[®]

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

¹<http://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/>

³<http://newsroom.heart.org/news/poll-surprise-medical-bills-pose-significant-financial-burden>

DID YOU KNOW ?



Americans pay nearly **60% more** for hospital stays than patients in Europe or Canada.¹

\$11,700

per hospital stay

The average cost of a 24-hour hospital stay in the United States is \$11,700.²

About two-thirds of Americans received an **unexpected medical bill** following a hospital stay in 2020.³

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Offered to the employees of:
Hillsborough County Tax Collector

Meet Tommy

Tommy's parents are like most parents; they worry about the health and well-being of their family. They know that as Tommy grows, he will become more active and may be hospitalized due to a sickness or injury. Most importantly, they worry about how they will pay for it.

Here is what weighs heavily on their minds:

- Major medical only pays a portion of the expenses associated with hospital stays
- They have copays they are responsible for until they meet their deductible
- If they miss work due to Tommy having a hospital stay, they must cover their bills, rent/mortgage, groceries and education expenses
- If the right treatment is not available locally, they will have to travel to get the treatment he needs



Tommy's story of sickness and a hospital stay turned into a happy ending, because his parents had Supplemental Health Insurance to help with expenses.



CHOOSE

Tommy's mother chooses benefits to help protect herself and her family members, should they suffer an illness or injury that requires a hospital stay.



USE

Tommy was sick and vomiting, had a loss of appetite and a fever, and complained about a pain in his side. He was also unable to get out of bed.

Here's Tommy's treatment path:

- Taken by ambulance to the emergency room
- Examined by a physician
- Multiple tests were performed
- Admitted for a two-day hospital stay
- Underwent emergency appendectomy surgery
- Visited by his doctor and released
- Recovered from surgery in 5 weeks
- Seen by the doctor during a follow-up visit

Tommy's mother went online after Tommy's hospital stay to file a claim. The cash benefits were direct deposited into her bank account.

Tommy is fully recovered and back to normal.



CLAIM

Tommy's hospital stay claim paid cash benefits for the following:

- Ambulance
- Initial Hospitalization
- Daily Hospital Confinement
- Surgery
- Anesthesia
- Inpatient Physician's Treatment
- Outpatient Physician's Treatment

For a listing of benefits and benefit amounts, see pages 3 and 4.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



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 perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



MyBenefits: 24/7 Access mybenefits.allstate.com

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Dependent Eligibility

Coverage may include you, your spouse and children.

Benefits

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

BENEFIT AMOUNTS

HOSPITALIZATION BENEFITS*		PLAN
Initial Hospital Confinement (daily, once per year)		\$830
Daily Hospital Confinement (daily)		\$330
Hospital Intensive Care (daily)		\$330
SURGERY BENEFITS*		PLAN
Surgery (according to schedule)		\$33 - \$825
Anesthesia (% of Surgery)		25%
Inpatient Physician's Treatment (daily)		\$41
OUTPATIENT BENEFITS*		PLAN
Outpatient Emergency Accident (daily)		\$415
Outpatient Physician's Treatment (daily)		\$41
At Home Nursing (daily)		\$83
Ambulance (daily)	Ground	\$249
	Air	\$498
Non-Local Transportation (daily)		\$249

*Policy benefit dollar amounts increase by 5% after the first coverage year and each coverage year thereafter, for the next 5 years. The benefit dollar amounts in coverage years 6 and later are 125% of the initial benefit amounts stated here.

PLAN SEMI-MONTHLY PREMIUMS

AGES	EE	EE + SP	EE + CH	F
18-35	\$15.98	\$30.15	\$25.81	\$39.43
36-49	\$18.72	\$35.46	\$29.81	\$45.97
50-59	\$23.31	\$45.63	\$34.15	\$55.83
60-64	\$31.14	\$62.28	\$41.22	\$71.61
65+	\$41.72	\$83.43	\$51.84	\$92.67

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

Issue Ages: 18 and over if Actively at Work

CERTIFICATE SPECIFICATIONS

Eligibility

Coverage may include you, your spouse and children.

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, 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 he or she continues to meet the requirements of an eligible dependent.

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: 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; committing or attempting an assault or felony; cosmetic dental or plastic surgery, except when required to correct a disorder; alcoholism, drug addiction, or dependence upon any controlled substance; mental or nervous disorders; 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.

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Rev. 9/24. This material is valid as long as information remains current, but in no event later than November 1, 2026. Group Supplemental Health benefits are provided under policy form GVSP1, or state variations thereof.

The coverage provided is limited benefit supplemental health 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.