

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

could you pay for out-of-pocket expenses associated
with a hospital stay, plus cover daily living expenses?



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BILLS



PRESCRIPTIONS

Group benefit coverage for:

Diocese of St. Petersburg

Group Indemnity Medical 2

Helps you pay for out-of-pocket medical expenses associated with hospital confinements, other medical procedures and/or visits

Group Indemnity Medical coverage from Allstate Benefits provides cash benefits for hospital stays, surgery, diagnostics and X-rays, plus more, and can help cover them as they happen.




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OF ST. PETERSBURG


group indemnity medical insurance

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

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



Jane chooses benefit coverage under her **Employer Approved Plan**



Three years later, Jane's on a summer cycling vacation when she falls and breaks her foot in four places. She suffers bruising and swelling of her head and left leg.


Jane is taken by ambulance to the nearest hospital emergency room where she is admitted to intensive care for trauma to her head.

Two days later, Jane is released from intensive care and moved to a regular hospital room, where she undergoes surgery on her foot. She is visited by a doctor during her stay. Two days later Jane is released and the doctor prescribes medications to aid in her recovery and help with her pain.

Jane's coverage provided the following benefits:

Outpatient Emergency Treatment	\$100.00
First Day Hospital Confinement	\$550.00
Daily Hospital Confinement	\$150.00
Anesthesia	\$84.38
Variable Surgical Schedule	\$337.50

Total Benefits: \$1,221.88



*The example shown may vary from the plan your employer is offering. Your individual experience may also vary.

meeting your needs

Our Indemnity Medical coverage helps offer peace of mind when in- or out-of-hospital treatment is needed.

- Coverage that is Guaranteed Issue; there are no medical exams or tests to take
- Affordable premiums
- Coverage for employee, employee + spouse, employee + child(ren) and family
- Benefits paid directly to you, unless you assign them to someone else
- Benefits include hospitalization due to Pregnancy
- Portability. If you leave your job, you can take the coverage with you as long as you make payments to Allstate Benefits

your benefit coverage†

First Day Hospital Confinement - Pays a benefit for the first day of a hospital stay. Payable once for each confinement, up to once per year. Not paid for a newborn child's initial confinement after birth.

Daily Hospital Confinement - Pays a benefit for each day you are hospital confined, up to day 10 per hospital stay. Not paid for any day the First Day Hospital Confinement benefit is paid.

Variable Surgical Schedule - Pays the amount shown in the Surgical Schedule* for each day you have surgery in a hospital or ambulatory surgical center.

Anesthesia - Pays 25% of the Variable Surgical Schedule benefit.

Outpatient Emergency Treatment - Pays a benefit for each day you receive medical treatment in an emergency treatment center.

†Benefit amounts are shown on page 2a. See pages 3 and 4 for limits and conditions.

*See the full schedule located under the Benefit Information section in the certificate; ask your benefits representative for details.

You are taken to the
Emergency Room



The ER doctor admits you to
the hospital for a 2-day stay



You get paid
cash benefits

Fixed Wellness - Pays a daily benefit, once per year, if you receive one of the following:

- Biopsy for skin cancer
- Blood test for triglycerides
- Bone Marrow Testing
- CA15-3, CA125, CEA and PSA
(blood tests for breast, ovarian, colon and prostate cancer)
- Chest X-ray
- Colonoscopy
- Doppler screenings for carotids and peripheral vascular disease
- Echocardiogram
- EKG (Electrocardiogram)
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- HPV Vaccination (Human Papillomavirus)
- 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

Not paid for any day the Fixed Outpatient Diagnostic X-ray and Laboratory benefit is paid.

Fixed Outpatient Diagnostic X-ray and Laboratory - Pays a benefit for each day an X-ray or Laboratory test is performed on an outpatient basis to diagnose an injury or sickness. Not paid for any day the Fixed Wellness benefit is paid.

certificate specifications

Conditions and Limits - We pay benefits as stated while coverage is in force. **Treatment must be received in the United States or its territories.**

Your 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 - (a) Coverage may include you, your spouse and your children. (b) Coverage for children ends upon your death or when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce or your death.

When Coverage Ends - Coverage under the policy ends on the earliest of: (a) the date the policy is canceled; (b) the last day of the period for which you made any required contributions; (c) the last day of the month you are in active employment or membership, except as provided under the "Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence" provision; (d) the date you are no longer in an eligible class; (e) the date your class is no longer eligible; (f) upon discovery of fraud or material misrepresentation when filing for a claim.

Portability - Coverage may be continued when coverage under the policy ends. Portability coverage ends when the group policy terminates.

Exclusions - Benefits are not paid for: (a) any act of war, participation in a riot, insurrection or rebellion; (b) suicide or attempt at suicide; (c) engaging in an illegal occupation or committing or attempting an assault or felony; (d) cosmetic dentistry or plastic surgery, except to treat an injury or correct a disorder of normal body function; (e) intentionally self-inflicted injuries; (f) confinement that begins before the effective date of coverage; (g) the reversal of a tubal ligation or vasectomy; (h) artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law; (i) participation in aeronautics (including parachuting and hang gliding) unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports; (j) a newborn child's routine nursing or well-baby care during the initial confinement in the hospital; (k) driving in any race or speed test or testing any motorized vehicle on any racetrack or speedway; (l) mental or nervous disorders; (m) alcoholism, drug addiction, or dependence upon any controlled substance.

This material is valid as long as information remains current, but in no event later than July 1, 2016. Benefits provided by policy form GVSP2, or state variations thereof.

Coverage is provided by limited benefit insurance. This is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

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

This coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

This brochure is for use in the Diocese of St. Petersburg enrollment situated in: FL.



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group indemnity medical insurance

	PLAN 1	PLAN 2
First Day Hospital Confinement (once per confinement, per year)	\$550	\$1,100
Daily Hospital Confinement (daily) ¹	\$50	\$100
Variable Surgical Schedule (daily) (varies by surgery) ²	\$37.50 - \$1,500	\$37.50 - \$1,500
Anesthesia (% of Surgical Schedule)	25%	25%
Outpatient Emergency Treatment (daily) ^{2,3}	\$100	\$100
Fixed Wellness (daily) ⁴	\$100	\$100
Fixed Outpatient Diagnostic X-ray and Laboratory (daily) ⁵	\$100	\$100

¹Not paid for any day the First Day Hospital Confinement benefit is paid. ²Pays once per day per covered person. ³Limited to 2 days per covered person, per coverage year. ⁴Pays once per day, per covered person per coverage year. ⁵Limited to 3 days per covered person, per coverage year.

weekly premiums

PLAN	EE	EE + SP	EE + CH	F
LOW	\$7.29	\$15.93	\$12.60	\$18.06
HIGH	\$9.06	\$20.73	\$15.66	\$23.22

bi-weekly premiums

PLAN	EE	EE + SP	EE + CH	F
LOW	\$14.58	\$31.86	\$25.20	\$36.12
HIGH	\$18.12	\$41.46	\$31.32	\$46.44

semi-monthly premiums

PLAN	EE	EE + SP	EE + CH	F
LOW	\$15.80	\$34.52	\$27.30	\$39.13
HIGH	\$19.63	\$44.92	\$33.93	\$50.31

monthly premiums

PLAN	EE	EE + SP	EE + CH	F
LOW	\$31.59	\$69.03	\$54.60	\$78.26
HIGH	\$39.26	\$89.83	\$67.86	\$100.62

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family.
Issue Ages: 18 and over if Actively at Work.

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