Benefit coverage for

MV Transportation

Group Supplemental Health Insurance

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

Group voluntary supplemental health plan from Allstate Benefits provides cash benefits for hospitalization, surgery, outpatient, nursing and transportation related expenses, and can help cover them as they happen.

We Provide Freedom™

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATION THAT MUST BE FILED AND POSTED.

group supplemental health insurance

Having to undergo in- or out-of-hospital treatments can be financially difficult if money is tight and you are not prepared. But 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 the hospital.

Jane undergoes surgery on her foot, is given anesthesia and is visited by a doctor during a two-day hospital stay. Jane is released and the doctor prescribes medications to aid in her recovery and help with her pain. She has two follow-up visits with her regular doctor to assure her recovery is going as expected.

Jane's coverage provided the following benefits:

Ambulance Service	$ 165.00
Initial Hospital Confinement	$550.00
Hospital Confinement	$440.00
Surgery	$ 126.50
Anesthesia	$ 31.50
Inpatient Doctor Visits	$ 55.00
Outpatient Doctor Visits	$ 55.00
Total Benefits:	**$1,423.00**

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

meeting your needs

Our supplemental health options plan can help offer you and your family financial support if you have in- or out-of-hospital treatment.

- Includes benefits for hospitalization, surgery, outpatient, nursing, and transportation
- Also included are benefits for Wellness, Diagnostic X-ray and Laboratory
- Benefits paid regardless of any other coverage
- Benefits paid directly to you unless assigned elsewhere
- Coverage for Employee, Employee + Spouse, Employee + Child(ren) or Family

benefit coverage highlights

Benefits are paid when recommended by a physician for sickness or injury. These benefits increase by 5%** after the first coverage year and each coverage year thereafter, for the next 5 years. Treatment must be received in the United States or its territories. **Benefit amounts are shown on page 5.**

HOSPITALIZATION BENEFITS

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

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

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

SURGERY AND RELATED BENEFITS

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

Anesthesia – Pays 25% of surgical benefit for anesthesia received during a covered surgery.

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

**The benefit amounts in coverage years 6 and later are 125% of the initial benefit amounts stated on page 5.

Admitted to the hospital

A doctor visits you daily

Surgery is performed

You get paid cash benefits

OUTPATIENT, NURSING, AND TRANSPORTATION BENEFITS

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

Outpatient Physician's Treatment – Pays a benefit for physician treatment outside a hospital for any cause. Maximum of 5 visits each year for Individual, 10 visits for Individual and Spouse or Individual and Children, and 15 visits for Family coverage.

At Home Nursing – Pays a benefit for daily care, within 60 days after hospital confinement. Pays for one visit each day for up to 30 visits.

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

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

WELLNESS AND DIAGNOSTIC BENEFIT

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

Wellness and Preventive Test – Pays a benefit for the following (not paid if paid under Outpatient Diagnostic X-ray and Laboratory benefit):

- Physical examination by a doctor
- Bone Marrow Testing
- Blood Tests for CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer) or PSA (prostate cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography, including breast ultrasound
- Pap Smear, including ThinPrep Pap test
- Serum Protein Electrophoresis (test for myeloma)
- Biopsy for skin cancer

CERTIFICATE SPECIFICATIONS

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

LIMITATIONS AND EXCLUSIONS

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

Hospital Intensive Care Exclusion – 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.

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 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 medical professional within the 12-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

Supplemental Health Limitations and Exclusions – We do not pay benefits for: (a) injury or sickness incurred before the effective date; or (b) any act of war or participation in a riot, insurrection or rebellion; or (c) suicide or any attempt at suicide; or (d) being under the influence of alcohol or narcotics, unless taken on the advice of a physician; or (e) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; or (f) committing or attempting an assault or felony; or (g) cosmetic dental or plastic surgery,

except when required to correct a disorder; or (h) alcoholism or drug addiction or dependence upon any controlled substance; or (i) mental or nervous disorders; or (j) self-inflicted injuries; or (k) a newborn child's routine nursing or well baby care during initial hospital confinement; or (l) childbirth within the first 10 months of the effective date (complications of pregnancy are covered the same as sickness); or (m) hospitalization beginning before the effective date; or (n) reversal of tubal ligation or vasectomy; or (o) artificial insemination, in vitro fertilization and test tube fertilization (including testing, medications and doctor services) unless required by law; or (p) routine eye exams or fittings; or (q) hearing aids or fittings; or (r) dental exams and care unless resulting from an accident; or (s) driving in any organized or scheduled race or speed test or testing any vehicle on any race track or speedway.

STATE VARIATIONS

Texas **(changes affect pages 2, 3, and 4) -** The last sentence of the **Daily Hospital Confinement** benefit is replaced with: Maximum of 180 days each continuous confinement in the United States except in the case of an emergency. In **Eligibility/Termination**, references to children include dependent grandchildren. In the **Supplemental Health Limitations and Exclusions** paragraph, item (b) is replaced with: any act of war during military service, or participation in a riot, insurrection or rebellion; item (d) is replaced with: as a result of being intoxicated or under the influence of narcotics, unless taken on the advice of a physician; item (f) is replaced with: committing or attempting a felony; item (s) is deleted.

HOSPITALIZATION BENEFITS	LOW PLAN	HIGH PLAN
Initial Hospital Confinement (yearly)	$500	$1,500
Daily Hospital Confinement (daily)	$200	$600
Hospital Intensive Care (daily)	$200	$600

SURGERY AND RELATED BENEFITS	LOW PLAN	HIGH PLAN
Surgery (according to schedule)	$20-$500	$60-$1,500
Anesthesia (% of surgery)	25%	25%
Inpatient Physician's Treatment (daily)	$25	$75

OUTPATIENT, NURSING, AND TRANSPORTATION BENEFITS		LOW PLAN	HIGH PLAN
Outpatient Emergency Accident (per visit)		$250	$500
Outpatient Physician's Treatment (per visit)		$25	$50
At Home Nursing (daily)		$50	$100
Ambulance	1. Surface Ambulance (per trip)	1. $150	1. $300
	2. Air Ambulance (per trip)	2. $300	2. $600
Non-Local Transportation (per trip)		$150	$300

WELLNESS AND DIAGNOSTIC BENEFITS	LOW PLAN	HIGH PLAN
Outpatient Diagnostic X-ray and Laboratory (per test)	$50	$50
Wellness and Preventive Test (yearly)	$100	$100

weekly premiums

LOW PLAN

AGES	EE	EE + SP	EE + CH	F
18-35	$9.62	$18.41	$16.69	$25.22
36-49	$11.18	$21.44	$19.16	$29.15
50-59	$13.50	$26.55	$21.60	$34.34
60-64	$17.37	$34.73	$25.39	$42.41
65 +	$22.46	$44.91	$30.74	$52.78

HIGH PLAN

AGES	EE	EE + SP	EE + CH	F
18-35	$22.64	$42.79	$37.07	$56.70
36-49	$26.65	$50.56	$43.06	$66.42
50-59	$33.05	$64.72	$49.17	$80.25
60-64	$43.79	$87.57	$58.79	$101.87
65 +	$58.22	$116.44	$73.11	$130.50

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

Issue Ages: 18 and over if Actively at Work.

This material is valid as long as information remains current, but in no event later than October 15, 2016. Group Supplemental Health benefits provided by policy GVSP1, or state variations thereof.

Coverage is provided by Limited Benefit Supplemental Health Insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review the 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 agent.** 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 brochure is for use in the MV Transportation enrollment which is sitused in TX.