

AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687

GROUP HOSPITAL INDEMNITY COVERAGE FORM GVSC2NH1

THE CERTIFICATE PROVIDES LIMITED BENEFITS.

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

OUTLINE OF COVERAGE

Read Your Certificate Carefully! This outline of coverage provides a very brief description of the important features of your coverage. This is not the insurance contract and only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY!**

Group Hospital Indemnity coverage is designed to provide, to insured persons, coverage in the form of a fixed daily benefit during periods of confinement resulting from a covered accident or sickness, subject to any limitations set forth in your certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for confinement benefits described and any additional benefit described below.

This IS NOT MEDICARE SUPPLEMENT coverage. If you are eligible for Medicare, review the Guide to Health Insurance for People With Medicare available from the company.

GENERAL BENEFIT INFORMATION

We pay the following benefit(s) for the confinement a covered person in a hospital or other facility as defined, and for other benefits as described in the certificate. Such confinement, service or medical care must be: (a) incurred by a covered person while coverage is in force on that person; and (b) provided for the care of sickness or injury of a covered person. Any loss not stated below is not covered. Confinement, care or services must be received in the United States or its territories.

HOSPITAL CONFINEMENT BENEFIT(S)

Daily Hospital Confinement. We pay the amount stated on page 3 of the certificate per day when a covered person is confined in a hospital.

If the First Day Hospital Confinement benefit is included in your certificate and is payable, this benefit pays for each day after the first day of a continuous confinement in a hospital for one day less than the maximum number of days stated in your marketing and/or enrollment material. If the First Day Hospital Confinement benefit is not included in your certificate or not payable, this benefit pays for each day of a continuous confinement in a hospital for the maximum number of days stated in your marketing and/or enrollment material.

This benefit is not payable for any day for which the First Day Hospital Confinement benefit (*if included in your certificate*) is payable.

EXCLUSIONS

We will not pay benefits for any loss caused by or resulting from (directly or indirectly):

1. any act of war whether or not declared, participation in a riot, insurrection or rebellion;
2. suicide, or any attempt at suicide, whether sane or insane;
3. injury incurred while committing a felony;
4. dental or plastic surgery for cosmetic purposes except when such surgery is required to: (a) treat an injury; (b) correct a disorder of normal bodily function, including congenital disease or anomaly; or (c) reconstruct a part of the body incident or following surgery for traumatic infection or other disease;
5. intentionally self-inflicted injuries; or
6. confinement that begins before the covered person's effective date of coverage; or
7. aviation, except as a fare-paying passenger (*if included in your certificate*).

ADDITIONAL BENEFITS *(if included in your certificate)*

First Day Hospital Confinement. We pay the amount stated on page 3 of the certificate for the first day a covered person is confined in a hospital. This benefit is payable only once per continuous confinement in a hospital per covered person and is limited to either once every coverage year, once every 30 days, or the number of such confinements is not limited (please see your marketing and/or enrollment material for specific plan design).

Fixed Wellness. We pay the amount stated on page 3 of the certificate for each day a covered person receives an eligible wellness service as listed in the certificate. This benefit is payable only once per day covered person, and is limited to once per coverage year. This benefit is not payable if a benefit is payable under the Fixed Outpatient Diagnostic X-Ray and Laboratory benefit *(if included in your certificate)*.

Fixed Outpatient Diagnostic X-Ray and Laboratory. We pay the amount stated on page 3 of the certificate for each day a covered person receives an x-ray or laboratory test for the purpose of diagnosis of an injury or sickness indicated by symptoms that would suggest an injury or sickness has occurred, while the covered person is not confined in a hospital, skilled nursing facility or residential treatment facility. This benefit is payable only once per day per covered person, and is limited to 3 days per covered person per coverage year. This benefit is not payable if a benefit is payable under the Fixed Wellness benefit *(if included in your certificate)*.

Skilled Nursing Facility. We pay the amount stated on page 3 of the certificate for each day a covered person is confined in a skilled nursing facility. Confinement in the skilled nursing facility must begin within 14 days after a covered confinement in a hospital. The maximum number of days this benefit is payable for each continuous confinement in a skilled nursing facility is stated in your marketing and/or enrollment material.

Mental/Nervous Disorder. We pay the amount stated on page 3 of the certificate for each day a covered person confined in a hospital or residential treatment facility for the care of mental and/or nervous disorders. The maximum number of days this benefit is payable for each continuous confinement in a hospital or residential treatment facility is stated in your marketing and/or enrollment material. This benefit is not payable for the same day the Daily Hospital Confinement benefit or Drug/Alcohol Rehabilitation benefit *(if included in your certificate)* is paid.

Drug/Alcohol Rehabilitation. We pay the amount stated on page 3 of the certificate for each day a covered person is confined in a hospital or residential treatment facility for the care of drug and/or alcohol addictions. The maximum number of days this benefit is payable for each continuous confinement in a hospital or residential treatment facility is stated in your marketing and/or enrollment material. This benefit is not payable for the same day the Daily Hospital Confinement benefit or Mental/Nervous Disorder benefit *(if included in your certificate)* is paid.

PREMIUMS

The premiums for this product will vary depending upon the benefits and benefit/unit amounts chosen.



AMERICAN HERITAGE LIFE INSURANCE COMPANY

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A Stock Company

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS

This is not Medicare Supplement Insurance

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- any expenses or services covered by the policy are also covered by Medicare

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

Before You Buy This Insurance

- ✓ Check the coverage in **all** health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIIP).

Allstate Benefits - Hospital Indemnity

(NEW HAMPSHIRE)

Limited Benefit Notice

The Critical Illness and Indemnity Medical certificate provides limited benefits. Review your certificate carefully.

Limited Benefit Notice: ABJ45A3NH

GIM2, GVSP1