

DCPS HOSPITAL INDEMNITY INSURANCE

ALLSTATE BENEFITS (AB) HOSPITAL INDEMNITY INSURANCE

Policy CHCFL with SAR1FL and IHR1 Riders

Group Number # 63103

Customer Service 1-800-348-4489

Hours: Mon-Thurs, 8 a.m. – 8 p.m.

www.allstateatwork.com

The Hospital Indemnity Insurance policy supplements your medical insurance by providing additional insurance every day that you or your covered dependents are in the hospital for a covered accident or illness, from the first day of hospitalization (subject to the pre-existing condition limitation) up to 365 days of each period of continuous hospital confinement.

You may choose between two daily coverage amounts (\$90 or \$180) up to 365 days of continuous hospital confinement to supplement any other coverage you have. Your benefit amounts double if you are confined in a hospital intensive care unit. This benefit is payable for up to 60 days of continuous intensive care confinement. If there are any outstanding bills, the benefit will be paid to the care provider and not to the employee, unless assigned.

In cases when a covered person has an outpatient surgical procedure performed in an ambulatory surgical center as defined in the policy, the Ambulatory Surgical Benefit will pay \$180 per occurrence, per unit of coverage.

Why Do I Need This Benefit?

Duval County Public Schools' medical plan pays 80 percent of in-patient hospitalization. This benefit can be used to supplement the remaining 20 percent that is not covered.

Waiver of Premium

After the insured has been confined for 30 consecutive days, the premiums that become due on the policy and riders are waived during a primary insured's continued hospital confinement. Once the hospital confinement ends, premium payments must begin again.

What's Not Covered

The policy and riders do not pay benefits for conditions caused by or resulting from:

- any act of war, whether or not declared, participation in a riot, insurrection or rebellion
- intoxication or being under the influence of drugs not prescribed or recommended by a physician
- an attempted suicide or an intentional self-inflicted injury
- nervous or mental disorders
- alcoholism or drug addiction
- dental or plastic surgery for cosmetic purposes. This exclusion does not apply to such surgery required by (a) an injury, or (b) correction of disorders of normal bodily functions.
- a newborn child's routine nursing or routine well baby care
- childbirth occurring during the first 10 months of the policy date (complications of pregnancy are covered to the same extent as a sickness)
- hospitalization that begins before the policy date.

Benefits are not paid under the hospital intensive care unit benefit for confinement in any care unit that does not qualify as defined or which has been excluded. The exclusions and other limitations provisions of the policy also apply to the riders.

Surgery and Anesthesia Benefit Rider

If you undergo surgery in a hospital or an ambulatory surgical center, your surgical benefit pays you \$18-\$450, depending on the surgery.

Two or more procedures done at the same time through one incision are considered one operation. The rider will pay the amount shown in the Schedule of Operations for the operation with the largest benefit. If any operation other than those listed is performed, the rider pays an amount based on the amount stated in the Schedule of Operations for the most comparable procedure.

If you require anesthesia during the course of a covered operation, your anesthesia benefit pays you an additional 30 percent of the surgical benefit.

Optional Initial Hospitalization Rider

One or two units of this rider are available. The Initial Hospitalization Benefit pays \$450 (one unit) or \$900 (two units) on the first continuous confinement to a hospital during a calendar year, provided a benefit is paid under the Hospital Confinement Benefit in the policy. This benefit is payable only once for each covered person for each continuous hospital confinement and for each calendar year.

Family Coverage

If family coverage is selected, the policy covers your spouse if he or she is under age 65. It also covers your children until they reach age 26.

Renewability

Issue ages are 18-64. Guaranteed renewable to age 65 subject to change in premiums by class. A notice will be mailed in advance of any change.

Taxable Benefits and the IRS

Please refer to Beyond Your Benefits section for further details.

Pre-existing Conditions

If a covered person has a pre-existing condition as defined, benefits are not paid for such condition during the 12-month period beginning on the date that person became a covered person. A pre-existing condition is a condition not revealed in the application for which symptoms existed within a 1 year period before the effective date of coverage; or medical advice, diagnosis, care, or treatment was recommended by or received from a physician within the 1 year period before the application date.

Policy Provider

Allstate Benefits is the marketing name for American Heritage Life Insurance Company (Home Office: Jacksonville, FL), a subsidiary of The Allstate Corporation. American Heritage Life Insurance Company underwrites the policy and riders. The A.M. Best Company, an organization that rates the financial strength and performance of insurance companies rates American Heritage Life "A+" Superior. Benefits are provided by Policy CHCFL and riders IHR1 and SAR1FL. The policy and riders are not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide, available from Allstate Benefits.

20 Pay Rates

Base Policy [choice of \$90 (1 unit) or \$180 (2 units) day HIP] plus Surgery/Anesthesia Rider (1 unit) Policy CHCFL with (1 unit) SAR1FL rider only

Issue Age	18-35	36-49	50-59	60-64
Employee Only - \$90	\$3.90	\$4.50	\$5.64	\$7.50
Employee + Children - \$90	\$6.54	\$7.20	\$7.38	\$7.86
Employee + Spouse - \$90	\$7.80	\$9.00	\$11.28	\$15.00
Employee + Family - \$90	\$10.44	\$11.70	\$13.02	\$15.36
Employee Only - \$180	\$7.08	\$8.10	\$10.26	\$13.80
Employee + Children - \$180	\$11.94	\$13.08	\$13.38	\$14.28
Employee + Spouse - \$180	\$14.16	\$16.20	\$20.52	\$27.60
Employee + Family - \$180	\$19.02	\$21.18	\$23.64	\$28.08

Base Policy [choice of \$90 (1 unit) or \$180 (2 units) day HIP], Surgery/Anesthesia Rider (1 unit), and Hospitalization Rider (1 unit - \$450) Policy CHCFL with (1 unit) SAR1FL rider and (1 unit) IHR1 rider

Issue Age	18-35	36-49	50-59	60-64
Employee Only - \$90	\$5.76	\$6.60	\$8.22	\$10.62
Employee + Children - \$90	\$9.84	\$10.62	\$10.92	\$11.52
Employee + Spouse - \$90	\$11.52	\$13.20	\$16.44	\$21.24
Employee + Family - \$90	\$15.60	\$17.22	\$19.14	\$22.14
Employee Only - \$180	\$8.94	\$10.20	\$12.84	\$16.92
Employee + Children - \$180	\$15.24	\$16.50	\$16.92	\$17.94
Employee + Spouse - \$180	\$17.88	\$20.40	\$25.68	\$33.84
Employee + Family - \$180	\$24.18	\$26.70	\$29.76	\$34.86

Base Policy [choice of \$90 (1 unit) or \$180 (2 units) day HIP], Surgery/Anesthesia Rider (1 unit), and Hospitalization Rider (2 unit - \$900) Policy CHCFL with (1 unit) SAR1FL rider and (2 units) IHR1 rider

Issue Age	18-35	36-49	50-59	60-64
Employee Only - \$90	\$7.62	\$8.70	\$10.80	\$13.74
Employee + Children - \$90	\$13.14	\$14.04	\$14.46	\$15.18
Employee + Spouse - \$90	\$15.24	\$17.40	\$21.60	\$27.48
Employee + Family - \$90	\$20.76	\$22.74	\$25.26	\$28.92
Employee Only - \$180	\$10.80	\$12.30	\$15.42	\$20.04
Employee + Children - \$180	\$18.54	\$19.92	\$20.46	\$21.60
Employee + Spouse - \$180	\$21.60	\$24.60	\$30.84	\$40.08
Employee + Family - \$180	\$29.34	\$32.22	\$35.88	\$41.64

24 Pay Rates

Base Policy [choice of \$90 (1 unit) or \$180 (2 units) day HIP] plus Surgery/Anesthesia Rider (1 unit) Policy CHCFL with (1 unit) SAR1FL rider only

Issue Age	18-35	36-49	50-59	60-64
Employee Only - \$90	\$3.25	\$3.75	\$4.70	\$6.25
Employee + Children - \$90	\$5.45	\$6.00	\$6.15	\$6.55
Employee + Spouse - \$90	\$6.50	\$7.50	\$9.40	\$12.50
Employee + Family - \$90	\$8.70	\$9.75	\$10.85	\$12.80
Employee Only - \$180	\$5.90	\$6.75	\$8.55	\$11.50
Employee + Children - \$180	\$9.95	\$10.90	\$11.15	\$11.90
Employee + Spouse - \$180	\$11.80	\$13.50	\$17.10	\$23.00
Employee + Family - \$180	\$15.85	\$17.65	\$19.70	\$23.40

Base Policy [choice of \$90 (1 unit) or \$180 (2 units) day HIP], Surgery/Anesthesia Rider (1 unit), and Hospitalization Rider (1 unit - \$450) Policy CHCFL with (1 unit) SAR1FL rider and (1 unit) IHR1 rider

Issue Age	18-35	36-49	50-59	60-64
Employee Only - \$90	\$4.80	\$5.50	\$6.85	\$8.85
Employee + Children - \$90	\$8.20	\$8.85	\$9.10	\$9.60
Employee + Spouse - \$90	\$9.60	\$11.00	\$13.70	\$17.70
Employee + Family - \$90	\$13.00	\$14.35	\$15.95	\$18.45
Employee Only - \$180	\$7.45	\$8.50	\$10.70	\$14.10
Employee + Children - \$180	\$12.70	\$13.75	\$14.10	\$14.95
Employee + Spouse - \$180	\$14.90	\$17.00	\$21.40	\$28.20
Employee + Family - \$180	\$20.15	\$22.25	\$24.80	\$29.05

Base Policy [choice of \$90 (1 unit) or \$180 (2 units) day HIP], Surgery/Anesthesia Rider (1 unit), and Hospitalization Rider (2 unit - \$900) Policy CHCFL with (1 unit) SAR1FL rider and (2 units) IHR1 rider

Issue Age	18-35	36-49	50-59	60-64
Employee Only - \$90	\$6.35	\$7.25	\$9.00	\$11.45
Employee + Children - \$90	\$10.95	\$11.70	\$12.05	\$12.65
Employee + Spouse - \$90	\$12.70	\$14.50	\$18.00	\$22.90
Employee + Family - \$90	\$17.30	\$18.95	\$21.05	\$24.10
Employee Only - \$180	\$9.00	\$10.25	\$12.85	\$16.70
Employee + Children - \$180	\$15.45	\$16.60	\$17.05	\$18.00
Employee + Spouse - \$180	\$18.00	\$20.50	\$25.70	\$33.40
Employee + Family - \$180	\$24.45	\$26.85	\$29.90	\$34.70