

Group Supplemental Health Insurance

from Allstate Benefits



Benefits are paid to you

Protection for hospital stays when a sickness or injury occurs

1 CHOOSE

You choose our coverage to protect yourself and any family members, should you be hospitalized

2 USE

You or a covered family member has an illness or injury that requires medical care in the hospital

3 CLAIM

You file a claim. The cash benefits are paid to you, to use however you wish

Life is unpredictable. Without any warning, an illness or injury can lead to a hospital visit – and 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.

Allstate Benefits offers a solution to help you protect your income and empower you to seek treatment.



Medical costs in the United States are among the highest in the world. In 2013, the average hospital cost per day in the United States was \$4,293.*

Here's How it Works

Our Supplemental Health Options insurance pays a cash benefit for hospital confinement. 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. This is especially helpful since statistics show the average hospital stay is approximately 5 days,¹ which can add up quickly. On top of that, the number of people who forgo or delay needed health care due to the high cost has nearly doubled in the past 10 years². These facts make 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.

With Allstate Benefits, you can feel assured that you have the protection you need if faced with a hospitalization.

Are you in Good Hands? You can be.

Key Features

- Includes benefits for hospitalization, surgery, outpatient, nursing, and transportation
- Coverage available for spouse and child(ren)
- Benefits paid regardless of any other coverage
- Benefits paid directly to you unless assigned elsewhere

See reverse for plan details

Offered to the employees of:
**McCoy Federal
Credit Union**



*2013 Comparative Price Report, International Federation of Health Plans

¹<http://www.cdc.gov/nchs/data/hus/2012/099.pdf>

² 2012 <http://www.nachc.com/client/HealthWanted.pdf>

YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options because you get to determine how to use them.



Finances

Can help protect your HSAs, savings, retirement plans and 401ks from being depleted



Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city



Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care



Expenses

The lump-sum cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas

Benefits

Hospitalization Benefits

Initial Hospitalization Confinement	Daily Hospital Confinement
Hospital Intensive Care	

Surgery and Related Benefits

Surgery	Anesthesia
Inpatient Physician's Treatment	

Outpatient, Nursing, and Transportation Benefits

Outpatient Emergency Accident	Outpatient Physician's Treatment
At Home Nursing	Ambulance
Non-Local Transportation	

Optional Benefit

Prescription Drug

Access Your Benefits and Claim Filings

Accessing your benefit information using **MyBenefits** has never been easier.

MyBenefits is an easy-to-use website that offers you 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.



Allstate
BENEFITS

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For use in enrollments situated in: FL

This material is valid as long as information remains current, but in no event later than April 1, 2020. 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 Medicare Supplement Buyer's Guide available from Allstate Benefits. This information 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.

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.

Group Supplemental Health Insurance (GVSP1)

from Allstate Benefits

See attached **Important Information About Coverage**.

Offered to the employees of:

McCoy Federal Credit Union

BENEFIT AMOUNTS

*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.

HOSPITALIZATION BENEFITS*	PLAN 1	PLAN 2	PLAN 3
Initial Hospitalization Confinement (daily, once per year)	\$415	\$830	\$830
Daily Hospital Confinement (daily)	\$165	\$330	\$330
Hospital Intensive Care (daily)	\$165	\$330	\$330
SURGERY AND RELATED BENEFITS*	PLAN 1	PLAN 2	PLAN 3
Surgery (according to schedule)	\$33-\$825	\$33-\$825	\$33-\$825
Anesthesia (% of surgery)	25%	25%	25%
Inpatient Physician's Treatment (daily)	\$41	\$41	\$41

OUTPATIENT, NURSING, AND TRANSPORTATION BENEFITS*	PLAN 1	PLAN 2	PLAN 3
Outpatient Emergency Accident (daily)	\$415	\$415	\$415
Outpatient Physician's Treatment (daily)	\$41	\$41	\$41
At Home Nursing (daily)	\$83	\$83	\$83
Ambulance			
1. Surface Ambulance (daily)	\$249	\$249	\$249
2. Air Ambulance (daily)	\$498	\$498	\$498
Non-Local Transportation (daily)	\$249	\$249	\$249
OPTIONAL BENEFIT*	PLAN 1	PLAN 2	PLAN 3
Prescription Drug (daily)	n/a	n/a	\$33.20

BI-WEEKLY PREMIUMS

PLAN 1

AGES	EE	EE+ SP	EE+CH	F
18-35	\$9.86	\$18.86	\$16.56	\$25.06
36-49	\$11.48	\$22.02	\$19.00	\$29.02
50-59	\$14.04	\$27.64	\$21.80	\$34.80
60-64	\$18.36	\$36.72	\$26.34	\$44.00
65+	\$24.18	\$48.36	\$32.90	\$56.26

PLAN 2

AGES	EE	EE+ SP	EE+CH	F
18-35	\$14.76	\$27.84	\$23.84	\$36.40
36-49	\$17.28	\$32.74	\$27.52	\$42.44
50-59	\$21.52	\$42.12	\$31.52	\$51.54
60-64	\$28.76	\$57.50	\$38.06	\$66.10
65+	\$38.52	\$77.02	\$47.86	\$85.54

PLAN 3

AGES	EE	EE+ SP	EE+CH	F
18-35	\$20.30	\$38.92	\$37.68	\$55.78
36-49	\$23.74	\$45.66	\$43.22	\$65.06
50-59	\$28.90	\$56.90	\$48.14	\$76.46
60-64	\$37.06	\$74.12	\$55.60	\$91.96
65+	\$47.28	\$94.56	\$65.86	\$112.32

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



For use in enrollments situated in: FL. This rate insert is part of forms ABJ33718X and ABJ30701-2 and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than April 1, 2020. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2017 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.

Group Supplemental Health Insurance (GVSP1)

Important Information About Coverage

Provides details of base policy coverage in all states. State-specific information is noted when it varies from the standard. Below is a list of base policy benefits available with Group Supplemental Health coverage. Please refer to your employer-chosen plan for the specific items that apply to your coverage. You will receive a certificate that details the certificate specifications for the coverage you purchased.

Group Supplemental Health Issue ages are 18 and over if Actively at Work.

Benefit Specifications (see Benefit Amounts)

Initial Hospitalization Confinement - Pays only when a benefit is paid under Daily Hospital Confinement.

Daily Hospital Confinement - Maximum of 180 days each continuous confinement.

TX - Maximum of 180 days each continuous confinement in the United States except in the case of an emergency.

Hospital Intensive Care - Pays in addition to the Daily Hospital Confinement. Maximum of 60 days each continuous intensive care confinement.

Surgery - Amount paid depends on type of surgery.

IN, MD, TN - The Surgery benefit specification is deleted.

Inpatient Physician's Treatment - For physician services if hospital confined; payable for the same number of days as the Daily Hospital Confinement.

Outpatient Emergency Accident - Pays 2 times each year per person.

Outpatient Physician's Treatment - For any cause. Maximum of 5 days each year for Individual, 10 days for Individual and Spouse or Individual and Children, and 15 days for Family coverage.

At Home Nursing - Within 60 days after hospital confinement. Pays for up to 30 days.

AZ - The **At Home Nursing** benefit is replaced with: **Home Health Services** - For home health services prescribed in lieu of hospital confinement.

Ambulance - For transport to an emergency treatment center or hospital by licensed surface or air ambulance. Maximum of 3 days each year per person.

OK - The following is added: For newborn children, we pay 70% of the reasonable cost to transport the newborn to the nearest hospital that is capable of providing medically necessary treatment.

Non-Local Transportation - More than 100 miles away from covered person's home. Maximum of 3 days each year per person.

Outpatient Diagnostic X-ray and Laboratory - Maximum of 1 each day; up to 3 days each year per person. Not paid if paid under Wellness and Preventive Test Benefit.

Wellness and Preventive Test - Not paid if paid under Outpatient Diagnostic X-ray and Laboratory benefit.

Prescription Drug - Maximum of: 12 each year per person; 24 each year for individual and spouse or individual and children; and 36 each year for family coverage.

Optional/Additional Riders, if included (see Benefit Amounts)

Off-the-Job Accident and Sickness Disability Rider (R1SP) - Pays a monthly benefit for total disability, up to a maximum of 3 months, after the 7-day elimination period.

Term Life Rider (R2SP) - Death Benefit per unit: Employee - \$10,000*, Spouse - \$5,000*, Child(ren) 6 months to dependent age limit - \$5,000, Child(ren) 15 days but less than 6 months - \$1,000.

*After age 65 the benefit amounts reduce to 75%. At ages 70 and above the benefit amounts reduce to 50%.

PR - Term Life Rider not available.

Conditions, Limitations and Exclusions Affecting Your Benefits

Conditions and Limits

Most States - 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. The benefit amounts in coverage years 6 and later are 125% of the initial benefit amounts stated in the Benefit Amounts on front page of insert. Increase does not apply to any rider benefits (if included in your coverage). **Treatment must be received in the United States or its territories.**

Your Eligibility

All States - 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.

Eligibility/Termination

(a) Coverage may include you, your spouse and children.

CA, MD, OR - Coverage may include you, your spouse or domestic partner, and children.

HI - Coverage may include you, your spouse, your children, and your certified reciprocal beneficiary.

(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 Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence provision; the date you or your class are no longer eligible. Coverage under the Off-the-Job Accident and Sickness Disability Rider ends when the certificate coverage ends or at age 70.

MD - The following is added to the last sentence: If you are disabled on your 70th birthday, a monthly benefit will be paid as long as you remain disabled, up to the maximum benefit period.

(c) Spouse coverage ends upon valid decree of divorce or your death.

CA, MD, OR - Spouse/domestic partner coverage ends upon valid decree of divorce/termination of the domestic partnership 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.

IL - Coverage for children ends when the child reaches age 26 (30 if a military veteran who is an Illinois resident), unless he or she continues to meet the requirements of an eligible dependent.

PA - The following is added: Coverage will not terminate due to age on a child who was a full-time student and whose studies were interrupted by active duty service in the military.

Initial Hospitalization Confinement Exclusion

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.

AR, IN, IA - Initial Hospitalization Confinement Exclusion is deleted.

NC - Not paid 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.

OK - Not paid for normal pregnancy.

TN - Not paid for normal 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.

CA - We do not pay benefits due to a pre-existing condition, if the loss occurs during the first 12 months of coverage. Any loss which begins after the first 24 months of the effective date will not be considered a pre-existing condition and will be eligible for payment. 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.

ND, VA - 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 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.

PA - 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 medical advice or treatment has been received within the 90-day 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.

(b) any act of war, participation in a riot, insurrection or rebellion.

TX - any act of war during military service, or participation in a riot, insurrection or rebellion.

MD - any act of war.

OK - participation in a riot, insurrection or rebellion.

VT - any act of war, participation in a riot or insurrection.

(c) suicide or any attempt at suicide.

VT - suicide or any attempt at suicide while sane.

(d) any injury sustained while under the influence of alcohol or narcotics, unless taken on the advice of a physician.

AL - any injury sustained while intoxicated as defined where the injury took place.

CA - loss sustained or contracted in consequence of a covered person being intoxicated or under the influence of any controlled substance unless taken on the advice of a physician.

LA, TX - any loss sustained or contracted in consequence of the covered person being intoxicated or under the influence of narcotics unless taken on the advice of a physician.

MI, WI - injury caused by the covered person, sustained while under the influence of alcohol, narcotics or any other controlled substance or drug unless taken on the advice of a physician.

Supplemental Health Limitations and Exclusions (Continued)

NE - any injury contracted in consequence of the covered person's being intoxicated or under the influence of narcotics, unless taken on the advice of a physician.

OK - injury due to alcoholism or being under the influence of drugs or narcotics, unless taken on the advice of a physician.

OR - any loss sustained or contracted in consequence of being intoxicated or under the influence of any controlled substance, unless taken on the advice of a physician.

PA - any loss sustained or contracted in consequence of the covered person's intoxication or being under the influence of any narcotic, unless taken on the advice of a physician.

MD, SD, VT - (d) is deleted.

(e) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft.

(f) committing or attempting an assault or felony.

CA, OK, TX, VT - committing or attempting a felony.

MD - (f) is deleted.

WI - committing a crime that results in the covered person's conviction of a felony.

(g) cosmetic dental or plastic surgery, except when required to correct a disorder.

(h) alcoholism or drug addiction or dependence upon any controlled substance.

IL - drug addiction, or dependence upon any controlled substance.

MD, NC, VT - (h) is deleted.

(i) mental or nervous disorders.

VT - (i) is deleted.

(j) self-inflicted injuries.

(k) a newborn child's routine nursing or well-baby care during initial hospital confinement.

AR - a newborn child's routine nursing or routine well baby care while hospital confined, except for up to 5 full days in a hospital nursery or until the mother is discharged from the hospital following childbirth, whichever is sooner.

IA, VT - (k) is deleted.

(l) childbirth within the first 10 months of the effective date (complications of pregnancy are covered the same as sickness).

IN, NC - (h) is deleted.

OH - childbirth within the first 9 months of the effective date (complications of pregnancy are covered the same as sickness).

(m) hospitalization beginning before the effective date.

(n) reversal of tubal ligation or vasectomy.

(o) artificial insemination, in vitro fertilization and test tube fertilization (including testing, medications and doctor services) unless required by law.

(p) routine eye exams or fittings.

(q) hearing aids or fittings.

(r) dental exams and care unless from an accident.

(s) driving in any organized or scheduled race or speed test or testing any vehicle on any race track or speedway.

TX, VT - (s) is deleted.

**Off-the-Job Accident and Sickness Disability Benefit Rider
Limitations and Exclusions (if included in your coverage)**

We do not pay benefits for:

(a) on-the-job accident.

(b) act of war, participation in a riot, insurrection or rebellion.

MD - any act of war.

OK - participation in a riot, insurrection or rebellion.

VT - any act of war or participation in a riot or insurrection.

(c) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft.

(d) self-inflicted injuries.

(e) committing or attempting an assault or felony.

OK, TX, VT - committing or attempting a felony.

WI - committing a crime that results in the covered person's conviction of a felony.

(f) suicide or any attempt at suicide.

VT - suicide, or any attempt at suicide, while sane.

(g) any injury sustained while under the influence of alcohol, narcotics, or any controlled substance unless taken on the advice of a physician.

AL - any injury sustained while intoxicated as defined where the injury took place.

CA - loss sustained or contracted in consequence of a covered person being intoxicated or under the influence of any controlled substance unless taken on the advice of a physician.

IN - any injury sustained or contracted in consequence of the covered person's being intoxicated or under the influence of narcotics unless taken on the advice of a physician.

LA - any loss sustained or contracted in consequence of your being intoxicated or under the influence of narcotics unless taken on the advice of a physician.

MD - any injury sustained or contracted in consequence of your being intoxicated or under the influence of narcotics.

MI, WI - injury caused by the covered person, sustained while under the influence of alcohol, narcotics or any other controlled substance or drug unless taken on the advice of a physician.

NE - any injury contracted in consequence of the covered person's being intoxicated or under the influence of narcotics, unless taken on the advice of a physician.

OK - injury due to alcoholism or being under the influence of drugs or narcotics, unless taken on the advice of a physician.

OR - loss sustained or contracted in consequence of being intoxicated or under the influence of any controlled substance, unless taken on the advice of a physician.

PA - loss sustained or contracted in consequence of being intoxicated or under the influence of any narcotic, unless taken on the advice of a physician.

SD, VT - (g) is deleted.

TX - a loss sustained or contracted in consequence of being intoxicated or under the influence of narcotics, unless taken on the advice of a physician.

(h) alcohol abuse or alcoholism, drug addiction or dependence on any controlled substance.

VT - (h) is deleted.

(i) a pre-existing condition when the disability begins within the first 12 months of coverage.

**Off-the-Job Accident and Sickness Disability Benefit Rider
Limitations and Exclusions, continued (if included in your coverage)**

(j) cosmetic dental or plastic surgery, except when required to correct a disorder or treat an off-the-job injury.

(k) reversal of tubal ligation or vasectomy.

(l) artificial insemination, in vitro fertilization and test tube fertilization (including testing, medications and doctor services) unless required by law.

(m) dental exams and care unless from an accident.

TX - (m) is deleted.

(n) driving in any organized or scheduled race or speed test or testing any vehicle on any race track or speedway.

VT - (n) is deleted.

(o) bipolar affective disorder (manic depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders or mental illness without demonstrable organic disease (Alzheimer's or similar forms of dementia are covered if they first manifest after your coverage is in effect).

VT - (o) is deleted.

(p) Benefits are not paid during any period of incarceration.

IA - Benefits are not paid for any disability that begins while incarcerated.

VT, NE - (p) is deleted.

VA - The following is added: Any disability incurred or commencing after 12 months coverage will not be subject to the pre-existing condition limitation.

Term Life Rider Exclusion (if included in your coverage):

If any person insured under the rider dies by suicide within the 1-year period after the effective date of that person's coverage under the rider, we will pay only an amount equal to the premiums paid for the rider. This exclusion applies whether the death occurs while the person is sane or insane.

Off-the-Job Accident and Sickness Disability Rider Definitions (if included in your coverage):

Total Disability - When, because of sickness or injury, you can't perform the material and substantial duties of your own occupation (as defined) and are under a physician's care.

LA - When, because of sickness or injury, you can't perform the material and substantial duties of your own occupation (as defined); or are unable to engage in any occupation for which you are qualified by reason of education, training, or experience and which provides you with substantially the same earning capacity as your former occupation; and are under a physician's care.

Own Occupation - Your occupation when a total disability period begins; if you're unemployed at that time, it means any gainful occupation for which you're suited by education, training, or experience.



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ABJ30701-2

Rev. 3/17. This material is valid as long as information remains current, but in no event later than March 15, 2020. Group Supplemental Health benefits are provided by policy form GVSP1, or state variations thereof. Off-the-Job Accident and Sickness Disability Rider provided by rider R1SP, or state variations thereof. Term Life Rider provided by R2SP, 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 Medicare Supplement Buyer's Guide available from Allstate Benefits. This information 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.

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