HOSPITAL INDEMNITY / HIGH PLAN

Hospital benefits. High plan.

Georgia-form reference. Availability and enrollment choices vary by state and employer group.

Cash benefits for a covered hospital stay following sickness or injury, subject to the policy terms.

Allstate / The Standard
Insurance company: **American Heritage Life Insurance Company**

$1,000	$200/day	High plan
First-day confinement benefit	Daily hospital benefit, up to 10 days	Keep this plan with its own rate sheet

Make room for recovery.

A hospital stay can bring deductibles, coinsurance and everyday expenses. Hospital indemnity insurance pays cash benefits for covered events. Use those benefits for housing, utilities, travel for treatment, or protecting savings and retirement funds.

How it works

1. Select coverage for yourself and eligible family members.
2. For a covered hospital stay, file a claim.
3. Receive cash benefits by authorized direct deposit or a mailed check and use them as you wish.

Alongside your medical coverage

- Guaranteed-issue coverage has a pre-existing-condition limitation.
- Coverage can include dependents.
- Premiums can be payroll deducted; coverage may continue under the certificate's terms.

A fictional hospital-stay example

Tommy develops stomach pain, fever and vomiting. His parents call an ambulance; doctors diagnose appendicitis. He is admitted overnight, has surgery the next day and stays another night before going home with follow-up visits planned. The high-plan illustration describes variable surgical schedule, anesthesia, first-day and daily hospital confinement benefits. Individual experiences vary; this is not a promise of claim approval or a specific payment.

Help with your claim

Premier Protection recommends Whitten & Associates' claims center: **(800) 662-5099** or **(256) 764-6972**. You may also contact the insurer directly. MyBenefits provides claim filing/history, coverage documents, personal-information changes and authorized benefit direct deposit: standard.com/ahl/mybenefits.

This is limited-benefit supplemental coverage, not major medical insurance or a Medicare supplement. Read all five pages with the separate high-plan rate sheet.

HOSPITAL INDEMNITY / HIGH PLAN

See the benefit amounts.

The high plan has the following benefit amounts and limitations. See the definitions on page 3.

High plan benefit amounts and limits

Benefit	Amount or limit
Hospitalization Benefits	
First Day Hospital Confinement	$1,000
Limit to Number of Occurrences	Once/year
Daily Hospital Confinement (daily)	$200
Maximum Number of Days	10
Hospital Intensive Care (daily)	$200
Maximum Number of Days	10
Surgery Benefits	
Variable Surgical Schedule (daily, varies by surgery)	$50-$2,000
Ambulatory Surgical Center (daily)	$100
Anesthesia (% of Surgical Schedule)	25%
Outpatient Benefit	
Outpatient Emergency Treatment (daily)	$100
Wellness Benefit	
Fixed Wellness (daily)	$50
Miscellaneous Benefits	
Mental/Nervous Disorder	$200
Maximum Number of Days	10
Drug/ Alcohol Rehabilitation	$200
Maximum Number of Days	10
Benefit Limitations/Exclusions	
Pregnancy Waiting Period	10 months
Pre-Existing Condition Limitation	Included

Daily hospital confinement is not paid for a day the first-day benefit is paid. Intensive care is payable in addition to first-day and daily hospital benefits, subject to its limits. Other benefit conditions, pregnancy/newborn restrictions and exclusions are retained on the following pages. Premiums are on the separate high-plan rate sheet.

HOSPITAL INDEMNITY / HIGH PLAN

Understand the benefits.

Read how benefits are defined and counted.

Hospitalization benefits

First Day Hospital Confinement - once per continuous confinement per covered person, up to the limit stated (see pg. 2). Not paid for newborn child's initial confinement after birth (see Hospitalization Due to Pregnancy)

Daily Hospital Confinement - up to the maximum number of days for each confinement (see pg. 2). Hospitalization due to pregnancy is covered, subject to the Pre-Existing Condition Limitation. Not paid for any day the First Day Hospital Confinement benefit is paid (see How We Pay the Daily Hospital Confinement Benefit)

Hospitalization Due to Pregnancy - your First Day Hospital Confinement does include hospitalization due to normal pregnancy or complications of pregnancy, subject to the Pre-Existing Condition Limitation. A newborn child's initial confinement in a hospital is not payable for First Day Hospital Confinement. A newborn child's initial confinement in a hospital includes any transfers to another hospital before being discharged to go home. A newborn child's routine nursing or well-baby care during the initial confinement in a hospital is not payable for Daily Hospital Confinement

How We Pay the Daily Hospital Confinement Benefit - the Daily Hospital Confinement Benefit pays for each day of a continuous confinement in a hospital for the maximum number of days (see pg. 2)

Hospital Intensive Care - up to the maximum number of days stated on page 2 for each confinement. Payable in addition to the First Day Hospital Confinement benefit and Daily Hospital Confinement benefit

Outpatient treatment

Outpatient Emergency Treatment - medical treatment received in an emergency treatment center. Not paid for any day the Ambulatory Surgical Center benefit is paid. Payable once per day per covered person, up to 2 days per person per coverage year

Surgery benefits

Variable Surgical Schedule - surgery performed in a hospital or ambulatory surgical center, based on the amount shown in the certificate Surgical Schedule. See the full schedule located under the Benefit Information section in your certificate; ask your benefits representative for details. Two or more surgeries performed at the same time through one incision are considered one surgery. Payable once per day per covered person

Ambulatory Surgical Center - surgery performed at an ambulatory surgical center. Not paid for any day the Outpatient Emergency Treatment benefit is paid. Payable once per day per covered person, up to 2 days per person per year

Anesthesia - 25% of the Variable Surgical Schedule benefit

Wellness benefit

Fixed Wellness - once per day per covered person per coverage year, if one of the following services is received: 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; or Ultrasound screening for abdominal aortic aneurysms

Other high-plan benefits

Mental/Nervous Disorder - confinement in a hospital or residential treatment facility for treatment of mental and/ or nervous disorders, up to the maximum number of days for each confinement (see maximum number of days for each confinement on page 2). Not paid for any day the Daily Hospital Confinement benefit or Drug/ Alcohol Rehabilitation benefit is paid

Drug/ Alcohol Rehabilitation - daily confinement in a hospital or residential treatment facility for treatment of drug and/ or alcohol addictions, up to the maximum number of days for each confinement (see maximum number of days for each confinement on page 2).Not paid for any day the Daily Hospital Confinement benefit or Mental/Nervous Disorder benefit is paid

Benefit conditions

Benefit - Benefits paid for the following conditions (subject to limits listed on page 2)

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Know the certificate terms.

Eligibility, dependent coverage, termination, portability and product availability.

Certificate specifications

Conditions and Limits - We pay benefits as stated for service and treatment received by the covered person while coverage is in force for sickness or injury. Hospital room and board charges must be incurred for benefits to be payable. Treatment must be received in the United States or its territories.

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 of Coverage - Coverage may include you, your spouse or domestic partner, and children. 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. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends upon termination of domestic partnership or your death.

When Coverage Ends - Coverage under the policy ends on the earliest of: the date the policy is canceled; the last day of the period for which you made any required contributions; the last day you are in active employment or a member in an association, labor union or other entity, except as provided under the “Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence” provision; the date you are no longer in an eligible class; the date your class is no longer eligible; upon discovery of fraud or material misrepresentation when filing for a claim; the date you request to discontinue coverage.

Portability - You may be eligible to continue your coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

Product availability and attribution

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by American Heritage Life Insurance Company, Jacksonville, Florida in all states except New York. Product features and availability vary by state and are solely the responsibility of American Heritage Life Insurance Company. Underwritten by: American Heritage Life Insurance Company

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Read the coverage limits.

Read the limitations and enrollment disclosures.

Pre-existing conditions and exclusions

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: medical treatment, consultation, care or services were received, including diagnostic measures, drugs or medicines were taken or prescribed, over-the-counter medications were taken or treatment recommendations were followed in the 12 months prior to the effective date or the date an increase in benefits would be effective; or symptoms existed within the 12 months prior to the effective date or the date an increase in benefits would be effective.

The limitation applies if the insured person is pregnant prior to the effective date.

Exclusions - Benefits are not paid for any loss caused by or resulting from (directly or indirectly): injury or sickness incurred before the effective date; any act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; engaging in an illegal occupation or committing or attempting an assault or felony; cosmetic dentistry or plastic surgery, except to treat an injury or correct a disorder of normal body function; intentionally self-inflicted injuries; confinement that begins before the effective date of coverage; the reversal of a tubal ligation or vasectomy; artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law; participation in aeronautics (including parachuting and hang gliding) unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports; a newborn child's routine nursing or well-baby care during the initial confinement in the hospital; driving in any race or speed test or testing any motorized vehicle on any racetrack or speedway; childbirth within the first 10 months of the covered person's effective date.

Form and enrollment disclosures

This brochure is for use in enrollments situsued in GA. This advertisement is a solicitation of insurance; contact may be made by an Agent, Agency, or Representative of The Standard.

Rev. 1/26. This material is valid as long as information remains current, but in no event later than January 1, 2029.

Group Hospital Indemnity benefits are provided under policy form GVSP2, or state variations thereof.

The coverage provided is limited benefit hospital indemnity insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review the Medicare Supplement Buyer's Guide available from American Heritage Life Insurance Company. There may be instances when a law requires that benefits under this coverage be paid to a third party rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office: Jacksonville, FL). Details of the coverage, including exclusions and other limitations, are included in the certificates issued. For additional information, you may contact your Representative at The Standard.

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.

The Standard is the marketing name used by American Heritage Life Insurance Company, a subsidiary of StanCorp Financial Group, Inc. standard.com or standard.com/ ahl