



Major Medical Coverage: Covers some costs. GAP in Coverage: Copay, Coinsurance, or Deductible = Out-of-pocket Expenses



IN-HOSPITAL DOCTOR VISITS



EMERGENCY ROOM TREATMENT



OUTPATIENT SURGERY



IN-HOSPITAL STAY

The Major Medical Complement

Group Hospital Confinement Insurance (MG-108)

Group Supplemental Medical Expense Insurance (MG-116 and MG-121)

Our coverage can help by reimbursing out-of-pocket medical expenses for deductible, coinsurance and copayment amounts required to be paid under your medical plan.

The Major Medical Complement from Allstate Benefits can help cover some of the costs associated with treatment of a sickness or injury for employees, a covered spouse, or child(ren).



the major medical complement

Gaps in health insurance coverage may be caused by medical circumstances that are beyond an employee’s control and can wreak havoc on their finances. High deductible and coinsurance payments can lead to out-of-pocket expenses they are not prepared to pay. These expenses can be covered through the purchase of a GAP product, which can help alleviate some of the costs associated with major medical coinsurance and deductible. That’s where The Major Medical Complement, a supplemental medical expense insurance coverage, can help.

Hospital confinement benefits can offer peace of mind during a hospital stay. Below is an example of how benefits might be paid.†

 <p>Jane and John choose major medical/comprehensive coverage offered through their Employer</p>	<p>Jane is married. She purchases the major medical complement plan to help with out-of-pocket expenses incurred by a hospital confinement</p>	<p>Jane is driving to work and is in a serious car accident. She is rushed to the hospital and surgery is required. She stays overnight to recover.</p>	<p>With The Major Medical Complement After Jane’s major medical benefits, she is still responsible for the deductible and coinsurance. However, Jane’s GAP coverage assists her with these expenses. Total Out-of-Pocket: Lower</p> 
	<p>John is single. He declines the major medical complement plan because he is not married and feels he does not need the coverage at this time</p>	<p>John is at home on his roof cleaning the gutters, he falls and is seriously injured. He is rushed to the hospital and surgery is required. He stays overnight to recover.</p>	<p>Without The Major Medical Complement After John’s major medical benefits, he is still responsible for the deductible and coinsurance. However with no GAP coverage, John has no assistance with these expenses. Total Out-of-Pocket: Higher</p>

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

meeting needs

This coverage helps meet the needs of your employees and their dependents. We know you will agree what we offer will help provide peace of mind for a secure future.

- Affordable plan designs
- Reduces out-of-pocket expenses that are applied to a deductible, coinsurance or non-office visit copayment
- Guaranteed Issue with no medical tests required*
- Employee, Employee and Spouse, Employee and Child(ren), or Family coverage
- Hospital Confinement benefits for:
 - Inpatient hospital stays
 - Inpatient surgery
 - Physician’s hospital charges
 - Emergency-Room treatment**

*Enrollment in group coverage is based on the employer-determined major medical open enrollment period. To be eligible, an employee or dependent must be covered under the employer’s group Major Medical/Comprehensive plan that includes deductible and coinsurance. **If treatment is due to sickness, the benefit is payable only if a hospital confinement is required within 24 hours of hospital emergency-room treatment.

benefit coverage

Benefits are paid for out-of-pocket expenses for deductible, coinsurance or non-office visit copayment each covered employee or dependent incurs for a hospital confinement due to injury or sickness.

Hospital Confinement Benefit (HCB) - Pays a benefit when a covered employee or dependent is confined in a hospital and incurs covered out-of-pocket expenses after the effective date. The benefit amount cannot exceed the out-of-pocket responsibility under the major medical/comprehensive policy.

Benefits are limited to the deductible, coinsurance or non-office visit copayment amount each covered employee or dependent is required to pay under the major medical/comprehensive policy, and include:

- Inpatient hospital stays
- Inpatient surgeries
- Physician’s hospital charges

Benefits will also be paid for hospital emergency-room treatment if a covered employee or dependent incurs an injury or sickness. The sickness must result in a hospital confinement within 24 hours of the hospital emergency-room treatment.

An insured is injured and goes to the **doctor**



The insured is hospital confined because the doctor determined they need surgery and have an out-of-pocket expense that was applied to a deductible, coinsurance or copayment



The insured receives a benefit

Outpatient (OPB) Rider - Pays a benefit when a covered employee or dependent receives treatment for a sickness or injury, outside of a hospital and they have an out-of-pocket expense that was applied to a deductible, coinsurance or non-office visit copayment. Benefits are paid per person, per calendar year up to a family maximum of 2x's the per person, per calendar-year maximum. This could include expenses for X-rays, lab work, MRIs, cat scans and outpatient procedures performed in the doctors office, but not included in the office visit charge. **Does not include charges for office visit expense, wellness, routine or preventive procedures.**

Physician Office Visit (POV) Rider - Pays a specific benefit amount per visit up to a specified number of visits per employee/family each calendar year when a covered employee or dependent incurs out-of-pocket expenses for deductible, coinsurance or copayment for physician required treatment at a physician's office, hospital, emergency facility or outpatient facility. Treatment must be deemed medically necessary as a result of an injury or sickness.

The POV benefit is payable when expenses for a physician's office, hospital, emergency facility, or outpatient facility are billed separately as an office visit by the physician. Benefits are limited to the actual expense incurred and applied to deductible, coinsurance or copayment, subject to the maximum benefit provided by the employer.

POV benefits do not include expenses incurred for routine health or check-up examinations, routine well-child visits, or other charges incurred during the course of a routine physical examination or checkup.

DEFINITIONS

To help with terminology, we have provided a brief listing of definitions.

Hospital - Means a legally authorized and operated institution for the care and treatment of sick and injured persons. It must have graduate registered nurses (RNs) on 24-hour call and organized facilities for diagnosis and surgery either on its premises or in facilities available to it on a contractual prearranged basis. The following does not qualify as a hospital: an institution, or part of it, which is used mainly as a facility for rest, nursing care, convalescent care, care of the aged, or for remedial education or training.

Hospital Confinement - Means the insured person is admitted to the facility as an overnight bed patient for a minimum of 15 consecutive hours.

Insured Person - Means (a) either an insured or an insured dependent. An insured is an employee of the policyholder whose coverage under the policy has become effective and has not been terminated. Insured dependent means any of the following: (b) the spouse of an insured whose coverage under the policy has become effective and has not terminated; (c) dependent child or children of an insured or of an insured's spouse who are under 26 years of age and whose coverage under the policy has become effective and has not been terminated; (d) Dependent children include stepchildren, legally adopted, and foster children. (Dependent child definition may vary by state.)

Injury - Means a bodily injury sustained by an insured person caused by an accident, directly and independently of all other causes, that occurs while the policy is in force. All injuries sustained by an insured person in any one accident are considered a single Injury.

Major Medical/Comprehensive Policy - Means any one of the following types of policies or plans which provide benefits for hospital confinement for an insured person on his or her effective date of coverage, and such policy or plan requires the insured person to pay a deductible and/or portion of coinsurance: group or blanket insurance plans; group Blue Cross, Blue Shield or other group prepayment coverage plans; coverage under labor-management trustee plans; union welfare plans; employer organizational plans; employee benefit organizational plans; or other arrangements of benefits for persons of a group. "Major Medical/Comprehensive Policy" does not include Medicare or Medicaid.

Sickness - A disease or illness, or more than one disease or illness, resulting from the same or related causes or conditions, including all complications thereof and all related conditions and recurrences resulting in medical expense insured under the policy or otherwise resulting in a claim for benefits while the policy is in force with respect to the insured for whom the claim is made.

POLICY SPECIFICATIONS

Eligibility - All active full-time employees working at least 20 hours or more per week and engaged in an eligible occupation and their spouse, and their dependent children who are under 26 years of age. Dependent eligibility may vary by state.

Additionally, in order to be eligible, each person must be covered under the employer's Major Medical/Comprehensive Medical plan that includes coinsurance and deductible.

Late Enrollees - If an eligible employee does not apply for coverage on their initial eligibility date, they may not apply for coverage until the next policy anniversary date, unless: (a) they are allowed to enroll in, or change their enrollment in the employer's Major Medical/Comprehensive policy because they qualify as a Special Enrollee as defined by law; or (b) they are allowed to enroll in the employer's Major Medical/Comprehensive policy during an employer-sponsored period of open enrollment.

Termination of Coverage - Coverage terminates on the earliest date any of the following events occur: For any insured person: (a) on the date the policy is terminated; (b) as of the premium due date when the required premium remains unpaid, subject to the grace period; (c) on the premium due date following the date the insured ceases to be an employee of the policyholder; or (d) on the premium due date following the date the insured's coverage under a group Major Medical/Comprehensive policy is no longer in effect. For an insured dependent spouse: on the premium due date following the date the spouse ceases to be an eligible spouse. For insured dependent children: on the premium due date following the date the child ceases to be an eligible child.

Exclusions - Benefits will not be paid for losses caused by or resulting from any one or more of the following: (a) declared or undeclared war or any act thereof; (b) suicide or intentionally self-inflicted injury or any attempted threat, while sane or insane (while sane in CO and MO); (c) any hospital confinement or other covered treatment for injury or sickness while an insured person is in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less do not, for the purpose of this exclusion, constitute service in the armed forces of any country. Upon notification to the Company of entering the armed forces of any country, the Company will return to the insured pro-rata any premium paid, less any benefits which have been paid, for any period during which the insured person is in such service; (d) confinement in a hospital or other covered treatment provided in a facility operated by an agency of the United States government or one of its agencies, unless the insured person is legally required to pay for the services; (e) confinement or other covered treatment for injury or sickness which is not medically necessary; (f) confinement or other covered treatment for dental or vision care not related to an accidental injury; (g) mental or nervous disorders; (h) alcoholism,

drug addiction or complications thereof; (i) any hospital confinement or other covered treatment for injury or sickness for which compensation is payable under any Workers' Compensation Law, any Occupational Disease Law, the 4800 Time Benefit Plan or similar legislation; and (j) any hospital confinement or other covered treatment for injury or sickness that is payable under any insurance that does not require deductible and/or coinsurance payments by the insured person; and (k) any hospital confinement or other covered treatment for injury or sickness for which benefits are not payable under the insured person's basic Major Medical/Comprehensive policy; (l) any hospital confinement or other covered treatment for injury or sickness if, on the insured person's effective date of coverage, the insured person was not covered by a Major Medical/Comprehensive policy, our sole obligation will then be to refund all premiums paid for that insured person; (m) an insured person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause occurred. A violation of the law includes both misdemeanor and felony violations; (n) any expense incurred during a period the insured person does not have coverage under the policyholder's major medical plan; (o) any expenses which are not medically necessary. State variations may apply.

Limitations - Pregnancy, Termination of Pregnancy and Complications from Pregnancy. Hospital confinements due to Pregnancy, Termination of Pregnancy, or Complications from Pregnancy are payable if the pregnancy is payable under the insured person's Major Medical/Comprehensive policy. A specific complication occurs after the insured person's effective date. Benefits for Pregnancy and termination of Pregnancy under this provision are limited to an Insured or an Insured Dependent spouse. Policy series MG-121 excludes pregnancy of dependent children.

Pre-Existing Condition Limitation. This product does not have a Pre-Existing Condition Limitation; however, a condition must be covered under the insured's Major Medical/Comprehensive Medical plan in order for benefits to be payable under this plan. Therefore, any Pre-Existing Condition Limitation applied to the Major Medical/Comprehensive Medical plan would, in effect, limit coverage under this plan.



important plan details

The Major Medical Complement coverage is designed to work with major medical or comprehensive insurance plans.

Here are some important details of the plan:

- Guaranteed Issue
- Minimum group size is 5 enrolled lives*
- Choose from 4 coverage tiers
- Premiums are competitive and can be sold on an employer-paid, voluntary, or contributory basis
- To be eligible an employer must:
 - Have an office in or have a clearly defined division in a state where coverage is available
 - Must provide major medical or comprehensive insurance coverage to employees that includes out-of-pocket expenses such as: deductibles, coinsurance, and copay requirements**
- All employees are eligible if covered under the policyholder's major medical or comprehensive insurance plan
- Only one Major Medical Complement plan may be selected for each major medical or comprehensive plan offered
- Issue limits for the base-policy benefit cannot exceed the employee's total inpatient in-network, out-of-pocket expenses under the major medical or comprehensive insurance plans

Additional information about the plan:

True Group Product - The Major Medical Complement plan is a true group product, with the Master Contract being held by the employer and Certificates and ID Cards being held by employees and dependents.

Effective Dates - The first day of the month will always be used for the effective date, and should work hand-in-hand with your major medical or comprehensive insurance effective dates.

Claims Process - The employee or covered dependents obtain service under their major medical or comprehensive insurance plan and receive an Explanation of Benefits (EOB) for the out-of-pocket expenses incurred. The employee or covered dependents must complete a claim form and provide the itemized bill to the administrator of The Major Medical Complement plan. The administrator of the plan will pay the claim based on the benefits available under The Major Medical Complement plan.

Pregnancy Benefits - Are treated the same as any other illness for the employee or dependent spouse covered under the plan. Pregnancy for dependent children are not covered, unless mandated by the state regulatory department.

Out-of-Country Care - If an employee or covered dependent is hospitalized or requires a physician's office visit while out of the United States, benefits will be paid under The Major Medical Complement plan. Benefits must not be excluded under the major medical or comprehensive insurance coverage, and an explanation of the benefits under the major medical or comprehensive insurance coverage must be available.

*Florida and Vermont require a minimum of 51 eligible lives at inception and each annual anniversary date, subject to the minimum enrollment noted above. **Not available with a Health Savings Account (HSA)

This product is underwritten by Fidelity Security Life Insurance Company, Kansas City, Missouri.

Managed by:

Special Insurance Services, Inc.

This brochure contains a brief description of the plans of insurance offered to qualified employers. The exact provisions governing the insurance are contained in the master policy issued to each group on form number M-9054, policy series MG-108. CA, CO, IN and OR are issued under form number M-9111, policy series MG-116 and NJ is issued under form number M-9112, policy series MG-121. Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence. This product is not available in all states. State variations may apply.

This brochure is for use in enrollments which are situated in: AL, AK, AZ, AR, CA, CO, DE, DC, FL, GA, HI, ID, IL, IN, IA, KY, LA, ME, MD, MI, MS, MO, NE, NV, NJ, NM, NC, OH, OK, OR, PA, RI, SC, SD, TN, TX, VT, VA, WV, WI, WY



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