Hospital Indemnity Insurance

Life is unpredictable. Without any warning, an illness or injury can lead to a hospital confinement, medical procedures and/or visits, which may mean 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.

Here’s How It Works

Our Hospital Indemnity insurance pays a cash benefit for hospital confinements. This benefit is payable directly to you and can keep you from withdrawing money from your personal bank account or your Health Savings Account (HSA) for hospital-related expenses. It is increasingly important to not only protect your finances if faced with an unexpected illness, but also to empower yourself to seek the necessary treatment.

Meeting Your Needs

- Guaranteed Issue coverage, meaning no medical questions to answer
- Coverage also available for your dependents
- Premiums are affordable and are conveniently payroll deducted
- Coverage may be continued; refer to your certificate for more details

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.

DID YOU KNOW?

The average hospital stay is approximately 4.8 days.

Medical costs in the United States are among the highest in the world. In 2015, the average hospital cost per day in the United States was $5,220.

Offered to the employees of:

Hy-Vee, Inc.
Tommy's story of sickness and a hospital stay turned into a happy ending, because his parents had supplemental Hospital Indemnity Insurance to help with expenses.

Meet Tommy
Tommy's parents are like most parents; they worry about the health and well-being of their family. They know that as Tommy grows he will become more active and may be hospitalized due to a sickness or injury. Most importantly, they worry about how they will pay for it.

Here is what weighs heavily on their minds:
• Major medical only pays a portion of the expenses associated with hospital stays
• They have copays they are responsible for until they meet their deductible
• If they miss work due to Tommy having a hospital stay, they must cover their bills, rent/mortgage, groceries and education expenses
• If the right treatment is not available locally, they will have to travel to get the treatment he needs

Tommy’s story of sickness and a hospital stay turned into a happy ending, because his parents had supplemental Hospital Indemnity Insurance to help with expenses.

CHOOSE
Tommy’s mother chooses benefits to help protect herself and her family members, should they suffer an illness or injury that requires a hospital stay.

USE
Tommy was sick and vomiting, had a loss of appetite and a fever, and complained about a pain in his side. He was also unable to get out of bed.

Here’s Tommy’s treatment path:
• Taken by ambulance to the emergency room
• Examined by a physician
• Multiple tests were performed
• Admitted for a two-day hospital stay
• Undergoes emergency appendectomy surgery
• Visited by his doctor and released
• Recovered from surgery in 5 weeks
• Seen by the doctor during a follow-up visit

Tommy’s mother went online after Tommy’s hospital stay to file a claim. The cash benefits were direct deposited into her bank account.

CLAIM
Tommy’s hospital stay claim paid cash benefits for the following:
First Day Hospital Confinement
Daily Hospital Confinement

For a listing of benefits and benefit amounts, see the rate insert.

Tommy is fully recovered and back to normal.
Benefits

Hospitalization Benefits

First Day Hospital Confinement - once per continuous confinement per covered person, up to the limit stated in the rate insert (see Hospitalization Due to Pregnancy at bottom left for more details). If the covered person is a newborn child, we pay 10% of the amount stated in the rate insert for the first day of confinement.

Daily Hospital Confinement - up to the maximum number of days for each confinement.* If the covered person is a newborn child confined for routine nursing or well baby care, we pay 10% of the amount stated in the rate insert for the first day of confinement. Hospitalization due to pregnancy is covered, subject to any Pregnancy Waiting Period (see rate insert). Not paid for any day the First Day Hospital Confinement benefit is paid.

Hospital Intensive Care - up to the maximum number of days for each confinement.* Pays in addition to the First Day Hospital Confinement benefit and Daily Hospital Confinement benefit.

*See the maximum number of days for each confinement on the rate insert.

Using your cash benefits
Cash benefits provide you with options, because you decide how to use them.

Finances
Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.

Travel
Can help pay for expenses while receiving treatment in another city.

Home
Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.

Expenses
Can help pay your family’s living expenses such as bills, electricity, and gas.

MyBenefits: 24/7 Access
allstatebenefits.com/mybenefits
An easy-to-use website that offers 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.

Hospitalization Due to Pregnancy
Your First Day Hospital Confinement includes hospitalization due to normal pregnancy or complications of pregnancy.

Dependent Eligibility
Coverage may include you, your spouse or domestic partner, and children.
POLICY 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.

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

EXCLUSIONS AND LIMITATIONS
Benefits are not paid for: any act of war, 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 hand gliding) unless a fare-paying passenger on a licensed common-carrier aircraft operating between established airports; 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.

This brochure is for use in IA and is incomplete without the accompanying rate insert.
This material is valid as long as information remains current, but in no event later than October 6, 2020.

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

Coverage is provided by Limited Benefit Hospital Indemnity Medical 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.
Hospital Indemnity (GIM2)
Group Indemnity Medical Insurance
from Allstate Benefits
See attached Important information About Coverage.

Offered to the employees of:
Hy-Vee, Inc

BASE POLICY BENEFITS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>PLAN 1</th>
<th>PLAN 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Day Hospital Confinement Benefit*</td>
<td>$600</td>
<td>$1,200</td>
</tr>
<tr>
<td>Limit to Number of Occurrences</td>
<td>One per Year</td>
<td>One per Year</td>
</tr>
<tr>
<td>Pregnancy (Normal and Complications) Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Daily Hospital Confinement Benefit*</td>
<td>$100</td>
<td>$200</td>
</tr>
<tr>
<td>Maximum Number of Days¹</td>
<td>10 Days Max</td>
<td>10 Days Max</td>
</tr>
<tr>
<td>Hospital Intensive Care Benefit</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Maximum Number of Days²</td>
<td>10 Days Max</td>
<td>10 Days Max</td>
</tr>
</tbody>
</table>

* Newborns receive 10% of benefit amount shown
¹ payable for each day, up to the max per continuous confinement in a hospital; not paid for any day the First Day Hospital Confinement Benefit is paid
² payable for each day, up to the max per continuous confinement in a hospital intensive care unit; pays in addition to the First Day Hospital Confinement Benefit and Daily Hospital Confinement Benefit

PLAN 1 PREMIUMS

<table>
<thead>
<tr>
<th>MODE</th>
<th>EE</th>
<th>EE + SP</th>
<th>EE + CH</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>$1.74</td>
<td>$4.50</td>
<td>$3.00</td>
<td>$4.89</td>
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</tbody>
</table>

EE=Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); and F = Family

OPTIONAL EXCLUSIONS

<table>
<thead>
<tr>
<th>Exclusion</th>
<th>PLAN 1</th>
<th>PLAN 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental and Nervous Disorders Covered</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Drug Addiction and Alcoholism Covered</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Pregnancy Waiting Period</td>
<td>10 Month</td>
<td>10 Month</td>
</tr>
</tbody>
</table>

ADDITIONAL OPTIONS

<table>
<thead>
<tr>
<th>Option</th>
<th>PLAN 1</th>
<th>PLAN 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal of Pre-Existing Conditions Limitation</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

PLAN 2 PREMIUMS

<table>
<thead>
<tr>
<th>MODE</th>
<th>EE</th>
<th>EE + SP</th>
<th>EE + CH</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>$3.48</td>
<td>$9.00</td>
<td>$6.00</td>
<td>$9.81</td>
</tr>
</tbody>
</table>

EE=Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); and F = Family

For use in enrollments situated in: IOWA. This rate insert is part of the approved brochure; it is not to be used on its own.

This rate insert is valid as long as information remains current, but in no event later than 10/6/2020. 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.
### PLAN 3 PREMIUMS

<table>
<thead>
<tr>
<th>MODE</th>
<th>EE</th>
<th>EE + SP</th>
<th>EE + CH</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekly</td>
<td>$4.35</td>
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<td>$7.53</td>
<td>$12.63</td>
</tr>
</tbody>
</table>

EE=Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); and F = Family

### PLAN 4 PREMIUMS

<table>
<thead>
<tr>
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<th>EE + SP</th>
<th>EE + CH</th>
<th>F</th>
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<tr>
<td>Weekly</td>
<td>$6.09</td>
<td>$16.17</td>
<td>$10.53</td>
<td>$17.52</td>
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</tbody>
</table>

EE=Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); and F = Family

### BENEFIT AMOUNTS

<table>
<thead>
<tr>
<th>BASE POLICY BENEFITS</th>
<th>PLAN 3</th>
<th>PLAN 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Day Hospital Confinement Benefit*</td>
<td>$1,700</td>
<td>$2,300</td>
</tr>
<tr>
<td>Plan to Number of Occurrences</td>
<td>One per Year</td>
<td>One per Year</td>
</tr>
<tr>
<td>Pregnancy (Normal and Complications) Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Daily Hospital Confinement Benefit*</td>
<td>$200</td>
<td>$300</td>
</tr>
<tr>
<td>Maximum Number of Days¹</td>
<td>10 Days Max</td>
<td>10 Days Max</td>
</tr>
<tr>
<td>Hospital Intensive Care Benefit</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Maximum Number of Days²</td>
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<th>OPTIONAL EXCLUSIONS</th>
<th>PLAN 3</th>
<th>PLAN 4</th>
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<tbody>
<tr>
<td>Mental and Nervous Disorders Covered</td>
<td>Yes</td>
<td>Yes</td>
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<td>Drug Addiction and Alcoholism Covered</td>
<td>Yes</td>
<td>Yes</td>
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<td>Pregnancy Waiting Period</td>
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<td>Removal of Pre-Existing Conditions Limitation</td>
<td>Yes</td>
<td>Yes</td>
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