

Additional Coverage

You have the opportunity to buy additional coverage through Allstate for life's unexpected events.

This coverage include:

Guaranteed issued:

- Accident
- Critical Illness
- Hospital
- Term to Age 100

Not Guaranteed issued:

- Cancer

Accident

Protection for accidental injuries that occur on or off the job. It includes dislocations or fractures, hospital confinement, ambulance services and more. You can select and individual or family plan.

Cancer

Receiving a cancer diagnosis can be one of life's most frightening events. With Cancer insurance you can rest a little easier. This coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses and more. You can select and individual or family plan.

Hospital

The Hospital policy helps you pay for out-of-pocket medical expenses associated with hospital confinements, other medical procedures and/or visits. You can select and individual or family plan.

Critical Illness

Critical Illness coverage helps offer financial support if you are diagnosed with a covered critical illness such as a heart attack, stroke, and more. This plan also offers an additional wellness benefit for yearly screenings such as mammogram, Colonoscopy, stress test and more. New this year is an additional cancer benefit to Plan 1+ and Plan 2+. You can select and individual or family plan.

Term to Age 100 Life Insurance

You choose the coverage that's right for you and your family. Premiums are affordable and remain level to age 100 unless you make changes.



Allstate[®] BENEFITS

Protection for accidental
injuries on- and off-the-job,
24 hours a day

Accident Insurance

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed Issue, meaning no medical questions to answer
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage can be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls.

Are you in Good Hands? You can be.

*National Safety Council, Injury Facts[®], 2017 Edition

ABJ30901X-1

DID YOU KNOW ?

The number of injuries suffered by workers in one year, both on- and off-the-job, includes:*

ON-THE-JOB (in millions)



Work
4.4

OFF-THE-JOB (in millions)



Home
9.2



Non-Auto
4.0



Auto
2.2

Offered to the employees of:
**Pasco County
Schools**

Meet Daniel & Sandy

Daniel and Sandy are like most active couples: they enjoy the outdoors and a great adventure. They have seen their share of bumps, bruises and breaks. Sandy knows an accidental injury could happen to either of them. Most importantly, she worries about how they will pay for it.

Here is what weighs heavily on her mind:

- Major medical will only pay a portion of the expenses associated with injury treatments
- They have copays they are responsible for until they meet their deductible
- If they miss work because of an injury, they must cover the bills, rent/mortgage, groceries and their child's education
- If they need to seek treatment not available locally, they will have to pay for it

Daniel's story of injury and treatment turned into a happy ending, because he had supplemental Accident Insurance to help with expenses.



CHOOSE

Daniel and Sandy choose benefits to help protect their family if they suffer an accidental injury.



USE

Daniel was playing a pick-up game of basketball with his friends when he went up for a jump-shot and, on his way back down, twisted his foot and ruptured his Achilles tendon.

Here's Daniel's treatment path:

- Taken by ambulance to the emergency room
- Examined by a doctor and X-rays were taken
- Underwent surgery to reattach the tendon
- Was visited by his doctor and released after a one-day stay in the hospital
- Had to immobilize his ankle for 6 weeks
- Was seen by the doctor during a follow-up visit and sent to physical therapy to strengthen his leg and improve his mobility

Daniel would go online after each of his treatments to file claims. The cash benefits were direct deposited into his bank account.

Daniel is back playing basketball and enjoying life.



CLAIM

Daniel's Accident claim paid cash benefits for the following:

Ambulance Services

Medicine

Medical Expenses
(Emergency Room and X-rays)

Initial Hospital Confinement

Hospital Confinement

Tendon Surgery

General Anesthesia

Accident Follow-Up Treatment

Physical Therapy (3 days/week)

For a listing of benefits and benefit amounts, see your company's 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.

Dependent Eligibility

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

¹Multiple dismemberments, dislocations or fractures are limited to the amount shown in the rate insert. ²Up to three times per covered person, per accident.

³Two or more surgeries done at the same time are considered one operation.

⁴Paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year.

⁵Two treatments per covered person, per accident. *Must begin or be received within 180 days of the accident. **Within 3 days after the accident.

Benefits (subject to maximums as listed on the attached rate insert)

BASE POLICY BENEFITS

Accidental Death*

Common Carrier Accidental Death - riding as a fare-paying passenger on a scheduled common-carrier

Dismemberment^{1,*} - amount paid depends on type of dismemberment. See Injury Benefit Schedule in rate insert

Dislocation or Fracture¹ - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule in rate insert

Initial Hospitalization Confinement - initial hospitalization after the effective date

Hospital Confinement - up to 90 days for any one injury

Intensive Care - up to 90 days for each period of continuous confinement

Ambulance Services - transfer to or from hospital by ambulance service

Medical Expenses - expenses incurred for medical or surgical treatment. Expenses are limited to physician fees, X-rays and emergency room services. Includes treatment for dental repair to sound natural teeth if repair is diagnosed by a dentist as necessary and as a result of injury

Outpatient Physician's Treatment - treatment outside the hospital for any cause. Payable up to 2 visits per covered person, per calendar year and a maximum of 4 visits per calendar year if dependents are covered

ADDITIONAL BENEFITS

Hospital Admission** - first hospital confinement occurring during a calendar year, and 12 months after the effective date. Payable when a benefit has been paid under the Hospital Confinement Benefit in the base policy

Lacerations** - treatment for one or more lacerations (cuts)

Burns** - treatment for one or more burns, other than sunburns

Skin Graft - receiving a skin graft for which a benefit is paid under the Burns benefit

Brain Injury Diagnosis** - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage within three days of an accident. Must be diagnosed within 30 days after the accident by CT Scan, MRI, EEG, PET scan or X-ray

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)* - must first be treated by a physician within 30 days after the accident

Paralysis** - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for at least 90 days

Coma with Respiratory Assistance - unconsciousness lasting 7 or more days; intubation required. Medically induced comas excluded

Open Abdominal or Thoracic Surgery^{3,*}

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery^{3,*} - surgery received for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery

Ruptured Disc Surgery^{3,*} - diagnosis and surgical repair to a ruptured disc of the spine by a physician

Eye Surgery - surgery or removal of a foreign object by a physician

General Anesthesia* - payable only if the policy Surgery benefit is paid

Blood and Plasma** - transfusion after an accident

Appliance - physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility

Medical Supplies - purchased over-the-counter medical supplies. Payable only if the policy Medical Expenses benefit is paid

Medicine - purchased prescription or over-the-counter medicines. Payable only if the policy Medical Expenses benefit is paid

Prosthesis* - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident. Payable only if a benefit is paid for loss of arm, leg, hand, foot or eye under the Dismemberment benefit

Physical Therapy* - one treatment per day; maximum of 6 treatments per accident. Chiropractic services are excluded. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid. Must take place no longer than 6 months after accident

Rehabilitation Unit⁴ - must be hospital-confined due to an injury immediately prior to being transferred to rehab. Not payable for the days on which the Hospital Confinement benefit is paid

Non-Local Transportation² - treatment obtained at a non-local hospital or freestanding treatment center more than 100 miles from your home. Does not cover ambulance or physician's office or clinic visits for services other than treatment

Family Member Lodging - one adult family member to be with you while you are confined in a non-local hospital or freestanding treatment center. Not payable if family member lives within 100 miles one-way of the treatment facility. Up to 30 days per accident. Only payable if the Non-Local Transportation benefit is paid

Post-Accident Transportation - after a three-day hospital stay more than 250 miles from your home, with a flight on a common carrier to return home. Payable only if a benefit is paid for Hospital Confinement

Accident Follow-Up Treatment⁵ - must take place no longer than 6 months after the accident. Payable only if the policy Medical Expenses benefit is paid. Not payable for the same visit for which the Physical Therapy benefit is paid

CERTIFICATE SPECIFICATIONS

Conditions and Limits

When an injury results in a covered loss within 90 days (unless otherwise stated on the Benefits page) from the date of an accident and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. 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).

Dependent Eligibility/Termination

Coverage may include you, your spouse or domestic partner, and your children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse/domestic partner coverage ends upon valid decree of divorce/termination of the domestic partnership or your death.

When Coverage Ends

Coverage under the policy ends on the earliest of: the date the policy or certificate is canceled; the last day of the period for which you made any required contributions; the last day you are in active employment, except as provided under the Temporarily Not Working provision; the date you are no longer in an eligible class; or the date your class is no longer eligible.

Continuation of Coverage

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

EXCLUSIONS AND LIMITATIONS

Benefits are not paid for: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; injury while under the influence of alcohol or any narcotic, unless taken upon the advice of a physician; any bacterial infection (except pyogenic infections from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; committing or attempting an assault or felony; driving in any race or speed test or testing any vehicle on any racetrack or speedway; hernia, including complications; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

This brochure is for use in enrollments situated in FL and is incomplete without the accompanying rate insert.

Rev. 9/18. This material is valid as long as information remains current, but in no event later than September 15, 2021.

Group Accident benefits are provided under policy form GVAP1, or state variations thereof.

The coverage provided is limited benefit supplemental accident insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. 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 Allstate Benefits Representative.

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.



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www.allstate.com or
allstatebenefits.com

Group Voluntary Accident (GVAP1)

On- and Off-the-Job Accident Insurance from Allstate Benefits

Offered to the employees of:
Pasco County Schools

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFITS		PLAN
Accidental Death	Employee	\$100,000
	Spouse	\$50,000
	Children	\$25,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$500,000
	Spouse	\$250,000
	Children	\$125,000
Dismemberment ¹	Employee	\$200,000
	Spouse	\$100,000
	Children	\$50,000
Dislocation or Fracture ¹	Employee	\$8,000
	Spouse	\$4,000
	Children	\$2,000
Initial Hospitalization Confinement (pays once)		\$2,000
Hospital Confinement (pays daily)		\$800
Intensive Care (pays daily)		\$1,600
Ambulance Services	Ground	\$800
	Air	\$2,400
Medical Expenses (pays up to amount shown)		\$600
Outpatient Physician's Treatment (pays per visit)		\$50
ADDITIONAL BENEFITS		PLAN
Hospital Admission (pays once/year)		\$2,000
Lacerations (pays once/year)		\$200
Burns	< 15% body surface	\$400
	15% or more	\$2,000
Skin Graft (% of Burns Benefit)		50%
Brain Injury Diagnosis (pays once)		\$600
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/accident/year)		\$100
Paralysis (pays once)	Paraplegia	\$15,000
	Quadriplegia	\$30,000
Coma with Respiratory Assistance (pays once)		\$20,000
Open Abdominal or Thoracic Surgery		\$5,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$2,500
	Exploratory	\$750
Ruptured Disc Surgery		\$2,500
Eye Surgery		\$400
General Anesthesia		\$400
Blood and Plasma		\$1,200
Appliance		\$500
Medical Supplies		\$20
Medicine		\$20
Prosthesis	1 device	\$1,000
	2 or more devices	\$2,000
Physical Therapy (pays daily)		\$120
Rehabilitation Unit (pays daily)		\$400
Non-Local Transportation		\$800
Family Member Lodging (pays daily)		\$200
Post-Accident Transportation (pays once/year)		\$400
Accident Follow-Up Treatment (pays daily)		\$200

¹Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

PLAN PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$7.26	\$13.44	\$12.30	\$18.48
Monthly	\$14.52	\$26.88	\$24.60	\$36.96
20thly	\$8.71	\$16.13	\$14.76	\$22.18

Issue ages: 18 and over if actively at work

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

Injury Benefit Schedule is on reverse

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.
Covered spouse gets 50% of the amounts shown and children 25%.

COMPLETE DISLOCATION	PLAN
Hip joint	\$8,000
Knee or ankle joint [^] , bone or bones of the foot [^]	\$3,200
Wrist joint	\$2,800
Elbow joint	\$2,400
Shoulder joint	\$1,600
Bone or bones of the hand [^] , collarbone	\$1,200
Two or more fingers or toes	\$560
One finger or toe	\$240
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN
Hip, thigh (femur), pelvis ^{**}	\$8,000
Skull ^{**}	\$7,600
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$4,400
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$3,200
Foot ^{**} , hand or wrist ^{**}	\$2,800
Lower jaw ^{**}	\$1,600
Two or more ribs, fingers or toes, bones of face or nose	\$1,200
One rib, finger or toe, coccyx	\$560
LOSS	PLAN
Life	\$100,000
Both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$200,000
One eye, hand, arm, foot, or leg	\$100,000
One or more entire toes or fingers	\$20,000

[^] Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ^{**} Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).



For use in enrollments situated in: FL. This rate insert is part of form ABJ30901X-1 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 September 15, 2021.

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Allstate BENEFITS

Protection for the
treatment of cancer and
29 specified diseases

Cancer Insurance

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses, and more importantly, to empower you to seek the care you need.

Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

Meeting Your Needs

- Guaranteed Issue, meaning no medical questions to answer at initial enrollment*
- Includes coverage for cancer and 29 specified diseases
- Benefits are paid directly to you unless otherwise assigned
- Coverage available for dependents
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (employee only)
- Coverage may be continued; refer to your certificate for details
- Additional benefits have been added to enhance your coverage

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis. **Are you in Good Hands? You can be.**

¹Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2017. ²Cancer Treatment & Survivorship Facts & Figures, 2016-2017. *Enrolling after your initial enrollment period requires evidence of insurability.

DID YOU KNOW ?



*Early detection, improved treatments
and access to care are factors that
influence cancer survival¹*

20.3 million

*The number of cancer survivors in the
U.S. is increasing, and is expected to
jump to nearly 20.3 million by 2026²*

**Offered to the employees of:
Pasco County
Schools**

Meet Tony

Tony is like anyone else who has been diagnosed with cancer. He is concerned about his wife and how she will cope with his disease and its treatment. Most importantly, he worries about how he will pay for his treatment.

Here is what weighs heavily on his mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to treatments, I must cover my bills, rent/mortgage, groceries and other daily expenses
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Here's how Tony's story of diagnosis and treatment turned into a happy ending, because he had supplemental Cancer Insurance to help with expenses.



CHOOSE

Tony chooses benefits to help protect himself and his wife if diagnosed with cancer or a specified disease



USE

Tony undergoes his annual wellness test and is diagnosed for the first time with prostate cancer. His doctor reviews the results with him and recommends pre-op testing and surgery.

Here's Tony's treatment path:

- Tony travels to a specialized hospital 400 miles from where he lives and undergoes pre-op testing
- He is admitted to the hospital for laparoscopic prostate cancer surgery
- Tony undergoes surgery and spends several hours in the recovery waiting room
- He is transferred to his room where he is visited by his doctor during a 2-day hospital stay
- Tony is released under doctor required treatment and care during a 2-month recovery period

Tony continues to fight his cancer and follow his doctor recommended treatments.



CLAIM

Tony's Cancer claim paid him cash benefits for the following:

Cancer Screening
Cancer Initial Diagnosis
Continuous Hospital Confinement
Non-Local Transportation
Surgery
Anesthesia
Inpatient Drugs and Medicine
Physician's Attendance
Comfort/Anti-Nausea

For a listing of benefits and benefit amounts, see your company's 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.

Eligibility

Coverage may include you, your spouse, and children.

Benefits (subject to maximums as listed on the attached rate insert)

HOSPITAL CONFINEMENT AND RELATED BENEFITS

Continuous Hospital Confinement - inpatient admission and confinement, up to 70 days per continuous confinement

Extended Benefits - daily benefit for continuous hospital confinement lasting more than 70 days. Paid in lieu of all other benefits except Waiver of Premium

Government or Charity Hospital - confinements in lieu of all other benefits except Waiver of Premium

Private Duty Nursing Services - full-time nursing services authorized by attending physician

Extended Care Facility - confinement must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

Hospice Care (Freestanding Hospice Care Center or Hospice Care Team) - terminal illness care in a facility or at home; one visit per day. Must begin within 14 days of a covered hospital stay

RADIATION/CHEMOTHERAPY

Radiation/Chemotherapy - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration, processing, procurement, cross-matching

SURGERY AND RELATED BENEFITS

Surgery* - based on Certificate Schedule of Surgical Procedures. Does not pay for surgeries covered by other policy benefits

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Surgical Opinion - second opinion for surgery by a doctor not in practice with your doctor

TRANSPORTATION AND LODGING BENEFITS

Ambulance - transfer by a licensed service or hospital-owned ambulance to or from hospital where confined for cancer or specified disease treatment

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit paid

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy benefit

Physician's Attendance - one inpatient visit by one physician

Physical or Speech Therapy - to restore normal body function

New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation and breast reconstructive surgery incident to mastectomies

Comfort/Anti-Nausea Benefit - prescribed anti-nausea medication administered on outpatient basis

Waiver of Premium** - must be disabled 90 days in a row due to cancer, as long as disability lasts

ADDITIONAL BENEFITS

Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer

Intensive Care (ICU)

a. **ICU Confinement** - confinements up to 45 days/stay

b. **Ambulance** - licensed air or surface ambulance service to ICU

Cancer Screening - pays annually for each covered person, when one of the following covered screening tests is performed: Bone Marrow Testing; Blood Tests for CA15-3 (breast cancer), CA125 (ovarian cancer), PSA (prostate cancer) and CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible Sigmoidoscopy; Hemocult Stool Analysis; Mammography; Pap Smear; Serum Protein Electrophoresis (test for myeloma)

SPECIFIED DISEASES

29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

*Two or more surgeries done at the same time are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other surgeries covered by other benefits **Premiums waived for employee only

DEFINITIONS

Actual Charges vs. Actual Cost

Actual Charge – Amount billed for a treatment or service before any insurance discounts or payments.

Actual Cost – Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

CERTIFICATE SPECIFICATIONS

Eligibility

Coverage may include you, your spouse, and children.

Termination of Coverage

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; or the date you or your class is no longer eligible.

Spouse coverage ends upon divorce or your death. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Conversion Privilege

If coverage terminates for any reason other than non-payment of premiums, the covered person can convert to an individual policy without evidence of insurability. This may also apply to a dependent whose coverage terminates.

LIMITATIONS AND EXCLUSIONS

Pre-Existing Condition Limitation

We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 6-month period prior to the effective date of coverage.

Exclusions and Limitations

We do not pay for any loss except for losses due directly from cancer or a specified disease and any other conditions or diseases caused or aggravated by cancer or a specified disease. Treatment and services must be received in the United States or its territories.

For those benefits for which we pay actual charges up to a specified maximum amount (except **Radiation/Chemotherapy; Blood, Plasma and Platelets; Prosthesis; New or Experimental Treatment; and Bone Marrow or Stem Cell Transplant**), if specific charges are not obtainable as proof of loss, we will pay 50% of the maximum benefit.

Hospice Care: Services are not covered for food or meals, well-baby care, volunteers or support for the family after covered person's death.

Blood, Plasma and Platelets Limitation: Does not include blood replaced by donors.

For the **Radiation/Chemotherapy** benefit, we do not pay for: treatment planning, consultation or management; the design and construction of treatment devices; basic radiation dosimetry calculation; any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; the diagnostic tests related to these treatments; or any devices or supplies including intravenous solutions and needles related to these treatments.

We do not pay the **Family Member Transportation Benefit** if we pay the personal vehicle transportation benefit under the **Non-Local Transportation Benefit** when the family member lives in the same town as the confined insured.

Intensive Care Exclusions and Limitations

Benefits are not paid for attempted suicide or intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed by a physician, or alcoholism or drug addiction. Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit, including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, or step-down and other lesser care units. Benefits are not paid for continuous confinements occurring during a hospitalization prior to the effective date. We do not pay for ambulance if paid under the Ambulance benefit (see Transportation and Lodging benefit section of this brochure).

This brochure is for use in enrollments situated in FL and is incomplete without the accompanying rate insert.

Rev. 9/18. This material is valid as long as information remains current, but in no event later than September 15, 2021. Group Cancer benefits are provided under policy form GVCP2, or state variations thereof.

The coverage provided is limited benefit supplemental cancer and specified disease insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. 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 Allstate Benefits Representative.

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.



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www.allstate.com or
allstatebenefits.com

Cancer Insurance (GVCP2)

Includes coverage for 29 Specified Diseases

from Allstate Benefits

Offered to the employees of:
Pasco County Schools

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT AND RELATED BENEFITS	PLAN 1	PLAN 2
Continuous Hospital Confinement (daily)	\$200	\$300
Extended Benefits ¹ (daily)	\$200	\$300
Government or Charity Hospital (daily)	\$200	\$300
Private Duty Nursing Services ¹ (daily)	\$200	\$300
Extended Care Facility ¹ (daily)	\$200	\$300
At Home Nursing ¹ (daily)	\$200	\$300
Hospice Care Center ¹ (daily) or Hospice Care Team ¹ (per visit)	\$200 \$200	\$300 \$300
RADIATION/CHEMOTHERAPY	PLAN 1	PLAN 2
Radiation/Chemotherapy ¹ (every 12 months)	\$5,000	\$10,000
Blood, Plasma, and Platelets ¹ (every 12 months)	\$5,000	\$10,000
SURGERY AND RELATED BENEFITS	PLAN 1	PLAN 2
Surgery ²		
1. Inpatient	\$1,500	\$4,500
2. Outpatient	\$2,250	\$6,750
Anesthesia ¹ (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year)		
1. Autologous	1. \$500	1. \$1,500
2. Non-autologous (cancer or specified disease treatment)	2. \$1,250	2. \$3,750
3. Non-autologous (Leukemia)	3. \$2,500	3. \$7,500
Ambulatory Surgical Center ¹ (daily)	\$250	\$750
Second Surgical Opinion ¹	\$200	\$600
TRANSPORTATION AND LODGING BENEFITS	PLAN 1	PLAN 2
Ambulance ¹ (per confinement)	\$100	\$100
Non-Local Transportation (coach fare or amount shown per mile*)	\$0.40/mi	\$0.40/mi
Outpatient Lodging ³ (daily; limit \$2,000/12 mo. period)	\$50	\$50
Family Member Lodging ³ (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile*)	\$50 \$0.40/mi	\$50 \$0.40/mi
MISCELLANEOUS BENEFITS	PLAN 1	PLAN 2
Inpatient Drugs and Medicine ¹ (daily)	\$25	\$25
Physician's Attendance ¹ (daily)	\$50	\$50
Physical or Speech Therapy ¹ (daily)	\$50	\$50
New or Experimental Treatment ¹ (every 12 months)	\$5,000	\$5,000
Prosthesis ¹ (per amputation)	\$2,000	\$2,000
Comfort/Anti-Nausea Benefit ¹	\$200	\$200
Waiver of Premium (employee only)	Yes	Yes
ADDITIONAL BENEFITS	PLAN 1	PLAN 2
Cancer Initial Diagnosis (one-time benefit)	\$2,000	\$5,000
Intensive Care (ICU)	ICU Confinement (daily) Charges	\$200 \$600 Charges
Cancer Screening	\$50	\$100

¹Pays actual charges up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual cost up to amount listed. *Maximum of 700 miles.

PLAN 1 PREMIUMS

MODE	EE	F
Semi-Monthly	\$7.44	\$12.70
Monthly	\$14.87	\$25.40
20thly	\$8.92	\$15.24

PLAN 2 PREMIUMS

MODE	EE	F
Semi-Monthly	\$15.83	\$27.28
Monthly	\$31.65	\$54.56
20thly	\$18.99	\$32.74

EE = Employee; F = Family

Issue Ages: 18 and over if Actively at Work



For use in enrollments situated in: FL

This rate insert is part of form ABJ30903X-1 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 September 15, 2021. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2018 Allstate Insurance Company. www.allstate.com or allstatebenefits.com.



American Heritage Life Insurance Company

Protection when faced with a critical illness diagnosis and you need treatment

Critical Illness Insurance from Allstate Benefits*

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Here's How It Works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Meeting Your Needs

- Guaranteed Issue coverage with a Pre-Existing Condition Limitation**
- Coverage available for individual and child(ren) or family
- Covered dependents receive 50% of your Basic-Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details
- 100% of your Basic-Benefit Amount is paid for Advanced Alzheimer's Disease and Advanced Parkinson's Disease

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Practical benefits for everyday living.**®

*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. **Please refer to the Exclusions and Limitations section of this brochure. †https://www.cdc.gov/heartdisease/heart_attack.htm ††<https://www.cdc.gov/stroke/facts.htm>

DID YOU KNOW ?



Every 40 seconds, an American will suffer a heart attack†



Every 40 seconds, someone in the U.S. has a stroke††

Offered to the employees of:
Pasco County School Board

Meet Ashley

Ashley is like any single parent who has been diagnosed with a critical illness. She's worried about her future, her children and how they will cope with her treatments. Most importantly, she worries about how she will pay for it all.

Here is what weighs heavily on her mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to my treatments, I must cover my bills, rent/mortgage, groceries and my children's education
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Ashley's story of diagnosis and treatment turned into a happy ending, because she had supplemental Critical Illness Insurance to help with expenses.



CHOOSE

Ashley chooses Critical Illness benefits to help protect herself and her children, if they are diagnosed with a critical illness.



USE

During Ashley's annual wellness exam, her doctor noticed an irregular heartbeat. She underwent an electrocardiogram (EKG) test and stress test, which confirmed she had a blockage in one of her coronary arteries.

Here's Ashley's treatment path:

- Ashley has her annual wellness exam
- Her doctor notices an abnormality in her heartbeat; tests are performed and she is diagnosed with coronary artery disease
- After visits with doctors, surgeons and an anesthesiologist, Ashley undergoes surgery
- Surgery is performed to remove the blockage with a bypass graft. She is visited by her doctor during a 4-day hospital stay and released
- Ashley followed her doctor required treatment during a 2-month recovery period, and had regular doctor office visits

Ashley is doing well and is on the road to recovery.



CLAIM

Ashley's Critical Illness claim paid her cash benefits for the following:

Fixed Wellness

Coronary Artery Bypass Surgery

The cash benefits were direct deposited into her bank account.

For a listing of benefits and benefit amounts, see pages 3 and 4.

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.

Fixed Wellness Rider - Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Sampling of blood or tissue for genetic testing for cancer risk; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; 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; Ultrasound screening for abdominal aortic aneurysms.

Benefits (subject to maximums as listed on page 4)

Benefit paid upon diagnosis of one of the following conditions

INITIAL CRITICAL ILLNESS BENEFITS*

Heart Attack - the death of a portion of the heart muscle due to inadequate blood supply. Established (old) myocardial infarction and cardiac arrest are not covered

Stroke - the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are not covered

End Stage Renal Failure - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Renal failure caused by traumatic events, including surgical trauma, are not covered

Major Organ Transplant - pays either Candidate Benefit if placed on National Transplant List, or Surgery Benefit for transplant of heart, lungs, liver, pancreas or kidneys. Lungs and kidneys are each considered one major organ, regardless of whether one or both lungs or kidneys are transplanted. Surgery Benefit not paid if Candidate Benefit paid; also not paid for mechanical or non-human organs

Coronary Artery Bypass Surgery - to correct narrowing or blockage of one or more coronary arteries with bypass graft. Abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement and non-surgical procedures are not covered

Waiver of Premium (employee only) - premiums waived if disabled for 90 consecutive days due to a critical illness or specified disease

CANCER CRITICAL ILLNESS BENEFITS*

Invasive Cancer - malignant tumor with uncontrolled growth, including Leukemia and Lymphoma. Carcinoma in situ, non-invasive or metastasized skin cancer and early prostate cancer are not covered

Carcinoma In Situ - non-invasive cancer, including early prostate cancer (stages A, I, II) and melanoma that has not invaded the dermis. Other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors and polyps are not covered

REOCCURRENCE OF CRITICAL ILLNESS BENEFITS*

Initial Critical Illness - second diagnosis more than 6 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid

Cancer Critical Illness - second diagnosis more than 6 months after the last date treatment was received for which a Cancer Critical Illness benefit was paid

RIDER BENEFITS

Skin Cancer Rider - includes diagnosis of basal cell carcinoma and squamous cell carcinoma. Must not have been paid within 365 days. Malignant melanoma and pre-cancerous conditions such as leukoplakia; actinic keratosis; carcinoma; hyperplasia; polycythemia; non-malignant melanoma; moles; and similar diseases or lesions are not covered

Lifestyle Enhancement Rider - program completion of: tobacco or alcohol cessation; weight or stress management; walking challenge; running, rowing, cycling, swimming or combination event; or online health assessment. One day per covered person per year for Individual and Child(ren) coverage, two days per covered person per year for Family coverage

Supplemental Critical Illness Rider* -

Advanced Alzheimer's Disease - must exhibit impaired memory and judgment and be certified unable to perform at least two daily activities¹ without adult assistance

Advanced Parkinson's Disease - must exhibit two or more of the following: muscle rigidity, tremor, or bradykinesia (slowness in physical and mental responses); and be certified unable to perform at least two daily activities¹ without adult assistance

Benign Brain Tumor - a non-malignant tumor limited to brain, meninges, cranial nerves or pituitary gland. Tumors of the skull, pituitary adenomas less than 10mm, and germinomas are not covered

Coma - unconscious and not responsive to external stimulation or responsive to internal needs. Medically-induced coma, coma resulting from alcohol or drug use, and diagnosis of brain death are not covered

Complete Loss of Hearing - permanent loss of hearing in both ears

Complete Loss of Sight - permanent loss of vision in both eyes

Complete Loss of Speech - permanent loss of speech or verbal communication

Paralysis - permanent loss of muscle function in two or more limbs, due to disease or injury. Does not include loss of muscle function limited to fingers or toes

Fixed Wellness Rider - 24 exams. Once per person per calendar year; see left for list of wellness services and tests

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates. ¹Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating.

BENEFIT AMOUNTS

Percentages below are based on the Basic Benefit Amount of \$10,000 (Plan 1 and Plan 1+) or \$20,000 (Plan 2 and Plan 2+) chosen by your employer.

†Covered dependents receive 50% of your benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2	PLAN 1+	PLAN 2+
Heart Attack (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000	\$2,500	\$5,000
Waiver of Premium (employee only)	Yes	Yes	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2	PLAN 1+	PLAN 2+
Invasive Cancer (100%)	n/a	n/a	\$10,000	\$20,000
Carcinoma In Situ (25%)	n/a	n/a	\$2,500	\$5,000
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2	PLAN 1+	PLAN 2+
Initial Critical Illness (same amount as Initial Critical Illness Benefit)	Yes	Yes	Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)	No	No	Yes	Yes
RIDER BENEFITS	PLAN 1	PLAN 2	PLAN 1+	PLAN 2+
Skin Cancer Rider	n/a	n/a	\$250	\$250
Lifestyle Enhancement Rider	\$25	\$25	\$25	\$25
Supplemental Critical Illness Rider†				
Advanced Alzheimer's Disease (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Advanced Parkinson's Disease (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Benign Brain Tumor (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Complete Loss of Sight (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Complete Loss of Speech (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000	\$10,000	\$20,000
Fixed Wellness Rider (per year)	\$100	\$100	\$100	\$100

PLAN 1 PREMIUMS

MODE	EE, EE + CH	EE + SP, F
Semi-Monthly	\$6.53	\$10.99
Monthly	\$13.06	\$21.98
20thly	\$7.84	\$13.19

PLAN 1+ PREMIUMS

MODE	EE, EE + CH	EE + SP, F
Semi-Monthly	\$11.92	\$19.30
Monthly	\$23.83	\$38.60
20thly	\$14.30	\$23.16

PLAN 2 PREMIUMS

MODE	EE, EE + CH	EE + SP, F
Semi-Monthly	\$10.66	\$17.19
Monthly	\$21.32	\$34.38
20thly	\$12.79	\$20.63

PLAN 2+ PREMIUMS

MODE	EE, EE + CH	EE + SP, F
Semi-Monthly	\$20.98	\$32.90
Monthly	\$41.96	\$65.79
20thly	\$25.18	\$39.47

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

CERTIFICATE SPECIFICATIONS

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

Family members eligible for coverage are your spouse or domestic partner and children. Coverage for children ends 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 when the domestic partnership ends or your death.

When Coverage Ends

Coverage under the policy ends on the earliest of: the date the certificate is canceled; the date the policy is canceled; you stop paying your premium; the last day of active employment; you or your class are no longer eligible; 45 days after we provide termination notice due to a false claim being filed; or when all benefits have been paid under the policy and riders.

Continuing Your Coverage

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

EXCLUSIONS AND LIMITATIONS

Conditions and Limits

A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness or specified disease after your effective date will be payable. Benefits are subject to the Pre-Existing Condition Limitation as well as all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect.

If the first diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date, subject to the terms and conditions in the certificate.

Pre-Existing Condition Limitation

Benefits are not paid for: a critical illness that is, caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage. A pre-existing condition is a sickness, injury or other condition, whether diagnosed or not, 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 12 months prior to the effective date. The exception to the above is for follow-up care for breast cancer. Routine follow-up care for a covered person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during, or as the result of, the follow-up care.

Exclusions

Benefits are not paid for: intentionally self-inflicted injury or action; committing or attempting an assault or felony or participation in an illegal occupation; suicide while sane, or self-destruction while insane, or any attempt at either; substance abuse, including alcohol, alcoholism, abuse of legally obtained prescription medication, or illegal use of non-prescribed drugs or narcotics; or being under the influence of alcohol, drugs or narcotics, unless administered and taken as prescribed by a physician.



Allstate[®] BENEFITS

Protection for hospital stays when a sickness or injury occurs

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.**

¹<http://www.uofmhealth.org/news/archive/201606/heading-hospital-even-insurance-it-may-cost-you-1000-or-more>

²www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/

³www.cdc.gov/nchs/data/abus/2012/099.pdf

DID YOU KNOW ?



In recent years, the cost of a hospital stay has increased by more than 37%.¹

\$7,500

cost to fix a broken leg

Medical costs in the United States are among the highest in the world.

In 2015, the average cost to fix a broken leg in the United States was \$7,500.²

\$30,000

cost per 3-day stay

The average cost of a 3-day hospital stay is around \$30,000.³

**Offered to the employees of:
Pasco County Schools**

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.

Tommy is fully recovered and back to normal.



CLAIM

Tommy's hospital stay claim paid cash benefits for the following:

- Ambulance
- First Day Hospital Confinement
- Daily Hospital Confinement
- Variable Surgical Schedule
- Anesthesia
- Inpatient Physician's Treatment
- Outpatient Physician's Treatment

For a listing of benefits and benefit amounts, see 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 does include hospitalization due to normal pregnancy or complications of pregnancy. A newborn child's initial confinement in a hospital is not payable. 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.

Dependent Eligibility

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

Benefits

HOSPITALIZATION BENEFITS

First Day Hospital Confinement - once per continuous confinement per covered person, up to the limit stated in the rate insert. Not paid for newborn child's initial confinement after birth (see Hospitalization Due to Pregnancy at bottom left for complete details)

Daily Hospital Confinement - up to the maximum number of days for each 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

Inpatient Physician's Treatment - for physician services (other than a surgeon) when hospital confined, up to the maximum number of days for each confinement.* Payable once per day per covered person

SURGERY BENEFITS

Variable Surgical Schedule - surgery performed in a hospital or ambulatory surgical center, based on the amount shown in the certificate Surgical Schedule.**† 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

OUTPATIENT BENEFITS

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

Outpatient Physician's Treatment - physician treatment received outside a hospital for any cause. Payable once per day per covered person, up to 5 days per covered person, per coverage year; max. 10 days per coverage year if Employee + Spouse or Employee + Child(ren); or a max. of 15 days per coverage year if Family coverage

Ambulance - transportation by ground or air to an emergency treatment center by a licensed or hospital-owned ambulance. Payable once per day per covered person, up to 3 days per person per coverage year

Non-Local Transportation - first day of confinement for treatment in a non-local hospital 100 miles or more away from home. Payable once for each confinement, up to the limit stated in the rate insert

DIAGNOSTIC & WELLNESS BENEFITS

Fixed Outpatient Diagnostic X-ray and Laboratory - tests performed on an outpatient basis to diagnose an injury or sickness. Payable once per day per covered person, up to 3 days per person per year. Not paid for any day the Fixed Wellness benefit is paid

Fixed Wellness - once per day per person per 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; Hemocult 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; Ultrasound screening for abdominal aortic aneurysms. Not paid for any day the Fixed Outpatient Diagnostic X-ray and Laboratory benefit is paid

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

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; or 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. Portability coverage ends when the group policy terminates. Refer to your Certificate of Insurance for details.

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; 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.

EXCLUSIONS AND LIMITATIONS

Benefits are not paid for: 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; mental or nervous disorders; alcoholism, drug addiction or dependence upon any controlled substance.

This brochure is for use in enrollments situated in FL and is incomplete without the accompanying rate insert.

Rev. 9/18. This material is valid as long as information remains current, but in no event later than September 15, 2021. Group Hospital Indemnity benefits are provided under policy form GVSP2, or state variations thereof.

The coverage provided is 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. 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 Allstate Benefits Representative.

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.



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www.allstate.com or
allstatebenefits.com

Hospital Indemnity (GIM2)

Group Hospital Indemnity Insurance from Allstate Benefits

Offered to the employees of:
Pasco County Schools

BENEFIT AMOUNTS

HOSPITALIZATION BENEFITS	PLAN 1	PLAN 2
First Day Hospital Confinement Limit to Number of Occurrences	\$650 Once/30 days	\$1,450 Once/30 days
Daily Hospital Confinement (daily) Maximum Number of Days	\$200 30	\$450 30
Hospital Intensive Care (daily) Maximum Number of Days	\$200 30	\$450 30
Inpatient Physician's Treatment (daily) Maximum Number of Days	n/a n/a	\$75 30
SURGERY BENEFITS	PLAN 1	PLAN 2
Variable Surgical Schedule (daily, varies by surgery)	n/a	\$100-\$4,000
Ambulatory Surgical Center (daily)	\$50	\$50
Anesthesia (% of Surgical Schedule)	n/a	25%
OUTPATIENT BENEFITS	PLAN 1	PLAN 2
Outpatient Emergency Treatment (daily)	\$50	\$100
Outpatient Physician's Treatment (daily)	\$50	\$75
Ambulance (daily)	Ground Air	n/a n/a
		\$100-\$200 \$200-\$400
Non-Local Transportation Limit to Number of Occurrences	n/a n/a	\$50 No Limit
DIAGNOSTIC & WELLNESS BENEFITS	PLAN 1	PLAN 2
Fixed Outpatient Diagnostic X-ray and Laboratory (daily)	\$50	\$100
Fixed Wellness (daily)	\$50	\$100

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$19.37	\$42.06	\$33.48	\$47.78
Monthly	\$38.74	\$84.11	\$66.95	\$95.55
20thly	\$23.24	\$50.47	\$40.17	\$57.33

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Semi-Monthly	\$40.30	\$88.66	\$69.75	\$100.36
Monthly	\$80.60	\$177.32	\$139.49	\$200.72
20thly	\$48.36	\$106.39	\$83.69	\$120.43

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 the Pasco County Schools enrollment situated in: FL

This rate insert is part of form ABJ30904X-1 and is not to be used on its own.

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Allstate BENEFITS

Protecting those you
love during life's most
challenging times

Term to Age 100 Life Insurance

A death not only leaves behind loved ones, but can also leave overwhelming financial obligations. And, if you're like most people, you don't have enough life insurance to keep your family afloat if an unexpected death occurs. Give yourself and your loved ones a gift of love – put yourself in Good Hands with coverage from Allstate Benefits.

Without a Term Life Insurance policy, your family may have to tap into their savings, retirement, or 401k to help cover final expenses and everyday living expenses, should a breadwinner die unexpectedly. This product offers a guaranteed premium to age 100.

Here's How It Works

You choose the coverage that's right for you and your family. With planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Consult with your tax advisor for specific information. Then, when life comes to an end, your beneficiary can receive a tax-free death benefit that can be used to help pay for funeral expenses, mortgage payments and more.

Meeting Your Needs

- You choose the death benefit amount to leave behind
- Coverage for spouse through a separate certificate, and for child(ren) through a separate certificate or rider
- Premiums are affordable and remain level to age 100 unless you make changes to your coverage
- Premiums are affordable and conveniently payroll deducted
- Guaranteed minimum death benefit is level for 5 years; current non-guaranteed death benefit is projected to remain level to age 100

With Allstate Benefits, you gain peace of mind knowing your loved ones will receive a financial safety net when you die – think of it as your final gift of love.

Are you in Good Hands? You can be.

¹2017 Insurance Barometer Study, LIMRA

DID YOU KNOW ?



A number of **financial concerns remain consistent** from person to person, including long-term care, financial security of dependents, credit card debt, and having a comfortable retirement.¹

69%

Sixty-nine percent of people surveyed would have trouble paying living expenses in two years or less if they were to lose their primary wage earner.¹

Offered to the employees of:
**Pasco County
Schools**

Meet Tiffany

Tiffany is like any parent who has emotional and financial responsibilities. She's worried about how her family will make ends meet if she dies unexpectedly. Most importantly, she worries about leaving them with a large debt.

Here is what weighs heavily on her mind:

- She has a mortgage and still owes a substantial amount before it is paid off
- Her children go to private school and will need income to help continue their education as they get older
- Her debt to income ratio is high and would be a hardship on her family
- Daily living expenses for items such as gas, food, insurance, electricity, and water are a necessary part of life
- Funeral expenses are high and the government provides very little for assistance



Tiffany's Term Life coverage brought comfort to her family, because they received a lump-sum cash benefit to help with their everyday living expenses.



CHOOSE

Tiffany chooses a Term Life policy to help protect her family in the event of her untimely death.



USE

Tiffany was out of town on business when she suffered a heart attack. She was rushed to the hospital, but all of the life-saving actions by the medical team could not save her.

Here's Tiffany's treatment path:

- Tiffany traveled out of town on business
- She was meeting with a client when sharp pains and shortness of breath caused her to collapse
- She was taken by ambulance to the nearest hospital emergency room
- While in the emergency room, her heart began beating at an altered rate, then stopped
- The emergency room doctors and nurses worked tirelessly to revive her, but they could not save her
- Her husband and family were notified of her passing

Tiffany's family used proceeds from the lump-sum cash benefit to cover her final expenses.



CLAIM

Tiffany designated her husband as her beneficiary. He received the following:

Term Life: Lump-sum cash benefit

The cash benefit was direct deposited into his bank account.

For complete details on the benefits and pricing, please consult with your benefits representative.

Using your cash benefits

Cash benefits provide you with options, because you or your beneficiary get to decide how to use them.



Finances

Can help eliminate the need to deplete savings or retirement plans



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs



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.

Why Term Life Insurance might be right for you

Have you ever experienced a life-changing event, whether good or bad, and worried that you would not have the finances in place to handle it if you lost your spouse?

Perhaps it has crossed your mind, but you put it off because you did not want to think about the unthinkable. However, if you have a spouse, children, or even grandchildren, that is reason enough to think about planning for their future today.

Here are some additional reasons to consider:

- You can't predict when you'll die, whether from a disease, accidental injury or natural causes
Upon your death, Term to Age 100 can provide a lump-sum cash benefit directly to your designated beneficiary
- You live on a budget, and purchasing traditional permanent life insurance would be costly
Term to Age 100 is affordably priced
- You want a Term Life policy that offers coverage for more than 5, 10 or 20 years
Term to Age 100 offers coverage that can be with you until age 100
- You want affordable coverage that goes with you should you leave your employer
You can take the Term to Age 100 coverage with you; see your Certificate of Insurance for details
- You're the primary wage earner and your family would have difficulty living without your income
If you die before age 100, Term to Age 100 offers your designated beneficiary a lump-sum death benefit that is guaranteed for the first five years of coverage and is priced to remain level under current experience factors
- You have recurring monthly debts such as a mortgage, car payment or credit cards
Term to Age 100 provides a lump-sum death benefit that can be used to help cover monthly expenses
- You have children under 18, and they require money for daily living expenses such as food, clothing, school sports and college education
Term to Age 100 provides a lump-sum death benefit that can be used to help with daily living expenses
- Your family may need additional money to help with health care related bills after you die
Term to Age 100 provides a lump-sum death benefit that can be used to help cover these expenses

Benefits

Term Life Insurance Death Benefit - pays a lump-sum death benefit to your designated beneficiary when you die before age 100

Issue Ages

EE/SP²

18-80 NT & 19-80 T

CH/GCH²

0-25 NT & 19-25 T

EE = Employee, SP = Spouse, CH = Children, GCH = Grandchildren, NT = Non-Tobacco, T = Tobacco

²Coverage for spouse and child(ren) may be limited to a percentage of the employee's face amount.

ADDITIONAL RIDER BENEFIT³

Insured Issue Ages

Accelerated Death Benefit for Terminal Illness - an advance of the death benefit is paid when diagnosed as terminally ill

0-75

³The rider listed has exclusions and limitations.

EXCLUSIONS AND LIMITATIONS

Suicide Exclusion - If a covered person commits suicide, the death benefit may be limited to the premiums paid for that covered person.

Other Exclusions and Limitations - The policy and rider have other elimination periods, exclusions and limitations that may affect coverage. Please refer to your certificate for details.



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www.Allstate.com or
AllstateBenefits.com

This brochure is for use in enrollments situated in FL.

Rev. 9/18. This material is valid as long as information remains current, but in no event later than September 15, 2021. Group Term Life Insurance benefits are provided under policy form GPTLP, or state variations thereof. Accelerated Death Benefit for Terminal Illness benefits are provided under rider form GTLPLBR, or state variations thereof.

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 Allstate Benefits Representative.



Legal Insurance from ARAG

Designed for



What does legal insurance cover?

A legal insurance plan from ARAG® covers a wide range of legal needs like the examples shown below — and many more — to help you address life's legal situations.

Consumer Protection

- ✓ Auto repair
- ✓ Buy or sell a car
- ✓ Consumer fraud
- ✓ Consumer protection for goods or services
- ✓ Home improvement
- ✓ Personal property disputes
- ✓ Small claims court

Criminal Matters

- ✓ Juvenile
- ✓ Parental responsibility

Debt-Related Matters

- ✓ Debt collection
- ✓ Garnishments
- ✓ Personal bankruptcy
- ✓ Student loan debt

Driving Matters

- ✓ License suspension/revocation
- ✓ Traffic tickets

Tax Issues

- ✓ IRS tax audit
- ✓ IRS tax collection

Family

- ✓ Adoption
- ✓ Guardianship/conservatorship
- ✓ Name change
- ✓ Pet-related matters
- ✓ Divorce

Services for Tenants

- ✓ Contracts/lease agreements
- ✓ Eviction
- ✓ Security deposit
- ✓ Disputes with a landlord

Real Estate & Home Ownership

- ✓ Buying a home
- ✓ Deeds
- ✓ Foreclosure
- ✓ Contractor issues
- ✓ Neighbor disputes
- ✓ Promissory notes
- ✓ Real estate disputes
- ✓ Selling a home

Wills & Estate Planning

- ✓ Powers of attorney
- ✓ Wills

What does it cost?

UltimateAdvisor®

\$18.25 monthly

UltimateAdvisor Plus™

\$22.58 monthly



What is legal insurance?

Legal coverage isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property or buying a home.

Which plan is right for you?

UltimateAdvisor Plus™ offers you all of the above and more including:

- ✓ Services for parents/grandparents
- ✓ Child custody, support, visitation
- ✓ Trusts
- ✓ And more

More details please! →



See the complete list of what your plan covers at:

ARAGlegal.com/myinfo Access Code: **17843pcs**

Let's Talk! Call ARAG at 800-247-4184

Why should you get legal insurance?



Work with a network attorney and attorney fees are **100% paid-in-full** for most covered matters.



Save thousands on average, for each legal matter.*



Access more than **14,000 attorneys** within ARAG's network with an **average of 20 years of experience**.



Address your covered legal situations with a network attorney who is only a **phone call away for legal help and representation**.



Use DIY Docs® to create a variety of **legally valid documents**, including state-specific templates.

How does legal insurance work?

- 1 Call 800-247-4184** when you have a legal matter.
- 2 Customer Care will walk you through your options** and help you get connected to network attorneys.
- 3 Meet with your network attorney** over the phone or in person to begin resolving your legal issue.

Reviews from plan members

"ARAG gives me the right protection and makes me feel at ease when a legal situation that I have to solve arrives. I made the right decision joining ARAG a few years ago and will keep this plan protection for many years to come."

- Clara Miami, FL



How can legal work for you?

Most of us aren't prepared for the unexpected — like the circumstances caused by the coronavirus outbreak.

Legal insurance provides a benefit you can use to plan for it all — the expected and unexpected times in your life. Go online to view a complete list of coverages and see how a legal plan can protect you.

ARAGlegal.com/myinfo
Access code: 17843pcs

New Ways Your Legal Insurance Plan Has You Covered

We're always adding to the 100+ legal issues covered by your plan.

Here are some new additions to your plan to check out:

- ✓ Alimony & Child Support Modification
- ✓ Child Custody/Child Support Agreement Creation
- ✓ Child Support Enforcement

Take advantage of the peace of mind offered by legal insurance — for whatever life brings your way.

Effective on: 01/01/2021

* Average cost to employee without legal insurance is based on the average number of attorney hours for ARAG claims incurred in 2017 or 2018 and paid by December 31, 2019, multiplied by \$368 per hour. \$368 is the average hourly rate for a U.S. attorney with 11 to 15 years experience according to The Survey of Law Firm Economics: 2018 Edition, The National Law Journal and ALM Legal Intelligence, October 2018.

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.



Electronic Device Insurance (Optional – Participation is Voluntary)

Pasco County Schools (District) offer employees the opportunity to purchase Electronic Device Protection for their District assigned laptop or iPad. This insurance is



optional, but strongly encouraged and requires a single-premium payment.

What is a single-premium payment?

- A one-time payroll premium deduction
- Premiums are non-refundable
- Provides coverage for the January 1 – December 31, plan year
- Coverage must be renewed each plan year

Device	Single-Premium
iPen	\$20.00
iPad	\$30.00
Laptop	\$40.00

Who is eligible to purchase Electronic Device Protection?

All District employees assigned a District owned laptop, iPad or iPen are eligible to participate. The program is open to new hires and current employees including employees who are not eligible to participate in the group health plan.

Who should consider purchasing Electronic Device Protection?

- Employees who frequently travel with their iPad, iPen or laptop.
- Employees who take their iPad, iPen or laptop home on a regular basis.
- Employees who often walk across campus with their iPad, iPen or laptop in hand.

What are the benefits of Electronic Device Protection?

- Covers up to 2 accidental damage incidents per plan year.
- Relieves you of any liability for repairs resulting from accidental damage.
- Relieves you of out-of-pocket cost associated with the repair or replacement of your device.

Replacement Devices

If the District replaces an employee device during the plan year, the employee has the option to purchase new Electronic Device Insurance to cover the new device for the remainder of the plan year.

Stolen Devices

Reports of stolen devices must be substantiated by a police report. The Electronic Device Insurance plan will become the secondary provider if other insurance is present.

Examples of Covered Events:

- Accidental damage – includes cracked screens, spilled liquids, fire/flood damage
- Vandalism
- Power surge due to lightning
- Theft

Is there a deadline to enroll?

Yes. Current employees must enroll during the annual open enrollment period. New employees must enroll during their new hire benefit election period. Employees not eligible to group health benefits must email mybenefits@pasco.k12.fl.us to enroll.

May I purchase coverage for my personal electronic devices?

Only work-related, District assigned devices are eligible for coverage under the Electronic Device Protection Program.

What is not covered?

The Electronic Device Insurance does not cover damages resulting from malicious intent, vandalism or theft by the employee.

Are employees required to purchase coverage?

No. Participation in the program is strictly voluntary. Employees who elect not to purchase Electronic Device Insurance may be responsible for any damage to the device, consistent with Pasco County Schools' Employee Electronic Device Program and must return the device and accessories to its original condition at time assigned to employee.

Enrollment Information

Employee Benefits
mybenefits@pasco.k12.fl.us
(813) 794-2253

Claims Information

Risk Management
riskmanagement@pasco.k12.fl.us
(813) 794-2520



Sunbelt Worksite Marketing, Inc.

PO Box 1287

Auburndale, FL 33823-1287

Customer Service 1.800.822.8045

Information contained herein does not constitute an insurance certificate or policy.

Certificates will be provided to participants following the start of the plan year, if applicable.