What if you or a family member were hospitalized tomorrow...
could you pay for out-of-pocket expenses associated with a hospital stay, plus cover daily living expenses?

Group Indemnity Medical
Helps you pay for out-of-pocket medical expenses associated with hospital confinements

Group Indemnity Medical coverage from Allstate Benefits provides cash benefits for hospital and intensive-care confinements, and can help cover them as they happen.

Benefit coverage for
Chevron Stations Inc.

California License No: ____________________________
group indemnity medical insurance

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 to help when a sickness or injury occurs can help eliminate your financial concerns and provide support at a time when it is needed most.

Our coverage helps offer peace of mind when a hospitalization occurs. Below is an example of how benefits are paid in the event you or a covered family member are hospitalized.*

meeting your needs

Our indemnity medical coverage helps offer peace of mind when a hospitalization occurs.

- Coverage that is guaranteed issue; there are no medical exams or tests to take
- Affordable premiums
- Coverage for employee, employee + spouse/domestic partner, employee + child(ren) and family
- Benefits paid directly to you, unless you assign them to someone else
- Benefits include hospitalization due to Pregnancy
- Portability. If you leave your job, you can take the coverage with you as long as you make payments to Allstate Benefits

your benefit coverage†

First Day Hospital Confinement - Pays a benefit for the first day of a hospital stay. Payable once for each continuous confinement, with 24 hours between each hospital stay. Not paid for a newborn child’s initial confinement after birth.

Daily Hospital Confinement - Pays a benefit for each day you are hospital confined, up to day 10 per hospital stay. Not paid for any day the First Day Hospital Confinement Benefit is paid.

Hospital Intensive Care - Pays a benefit for each day you are confined in a hospital intensive care unit. The maximum number of days for each continuous confinement is 10. Pays in addition to the First Day Hospital Confinement and Daily Hospital Confinement benefits.

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.

Your 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.

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

†Benefit amounts are shown on page 2a. See page 3 for limits and conditions and state variations.
Dependent Eligibility/Termination - (a) Coverage may include you, your spouse or domestic partner, and your children, and domestic partner’s children. (b) 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. (c) Spouse coverage ends upon valid decree of divorce or your death. (d) Domestic partner coverage ends upon termination of domestic partnership or your death.

When Coverage Ends - Coverage under the policy ends on the earliest of: (a) the date the policy is canceled; (b) the last day of the period for which you made any required contributions; (c) the last day of the month 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; (d) the date you are no longer in an eligible class; (e) the date your class is no longer eligible; (f) upon discovery of fraud or material misrepresentation when filing for a claim.

Portability Privilege - Coverage may be continued under the Portability Provision when coverage under the policy ends.

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

STATE VARIATIONS

California (changes affect page 3) – In the Exclusions paragraph, item (c) is replaced with: engaging in an illegal occupation or committing or attempting an illegal occupation or felony. Item (d) is replaced with: cosmetic dentistry or plastic surgery, except to treat an injury, correct a disorder of normal body function, or restore symmetry after a mastectomy. Item (e) is replaced with: intentionally self-inflicted injuries, whether sane or insane.
Rev. 10/15. This material is valid as long as information remains current, but in no event later than July 1, 2016. Benefits provided by policy form GVSP2, or state variations thereof.

Coverage is provided by limited benefit insurance. This is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer’s Guide available from Allstate Benefits.

This brochure highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits representative. 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.

This 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.

This brochure is for use in the Chevron Stations Inc. enrollment, which is sitused in: CA.

This coverage is not available to residents of the state of Massachusetts.
Benefit coverage for: **Chevron Stations Inc.**

**group indemnity medical insurance**

### HOSPITALIZATION BENEFITS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Day Hospital Confinement (once per confinement)</td>
<td>$1,100</td>
</tr>
<tr>
<td>Daily Hospital Confinement (daily)*</td>
<td>$100</td>
</tr>
<tr>
<td>Hospital Intensive Care (daily)**</td>
<td>$100</td>
</tr>
</tbody>
</table>

* Not paid for any day the First Day Hospital Confinement benefit is paid.
**Pays in addition to the First Day Hospital Confinement and Daily Hospital Confinement benefits.