

# heart/stroke insurance

## HeartCare Plus

No one likes to think about getting heart disease. But 61,800,000 Americans have one or more types of cardiovascular disease according to current estimates.<sup>1</sup> While you may not be able to prevent the disease, you can help protect yourself from its costs.

The American Heart Association estimates the total direct and indirect costs of Cardiovascular Diseases and Stroke in 2007 in the United States to be \$431.8 billion.<sup>1</sup> You can protect yourself and your family from these costs. HeartCare Plus insurance covers a portion of the costs for ambulance, surgery and physicians.

HeartCare Plus insurance helps you:

- Manage the high expenses of treatment
- Preserve your savings
- Protect your family from financial hardship
- Concentrate on getting well

1. *Heart Disease and Stroke Statistics*, American Heart Association, 2007 Update.

**THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.**



**Allstate**

Workplace Division

# how it works

## why it makes sense

It’s probably crossed your mind that you or your family may need treatment for heart disease or stroke. And you may have thought about the ways it would affect your life and your loved ones. But have you considered how cardiovascular diseases could impact your financial security.

Medical insurance often stops short of considering these costs “essential” but some of these costs may be covered with Allstate Workplace Division’s HeartCare Plus Insurance.

### HeartCare Plus Insurance Might Be Right For You If:

- There are cardiovascular diseases in your family’s history
- You don’t have much money set aside for an unexpected cardiovascular illness
- You want to help keep your family financially secure
- You want coverage you can take with you if you leave your job

### What You Get

#### HeartCare Plus Policy

- Pays you benefits that can be used for non-medical expenses that health insurance might not cover
- Benefits are paid as you go and cover the costs of specific treatments and expenses (up to the maximum allowed) as they happen
- Supplemental coverage, it works in addition to other insurance you may have, such as medical and disability income
- Guaranteed renewable for life, subject to change in premiums by class
- Coverage for yourself or your entire family
- Pays in addition to your Workers’ Compensation
- Premiums can be made using pre-tax dollars under Section 125
- Policy is portable. It’s a benefit that you can keep if you change jobs or retire by paying premiums directly to Allstate Workplace Division.

EXPLANATION OF BENEFITS	1/2 UNIT	1 UNIT
<i>Hospital Confinement</i> Amount shown per day for each day a covered person is admitted and confined as an inpatient in a hospital due to a Heart Attack, Heart Disease or Stroke.	\$100 each day	\$200 each day
<i>Physician's Attendance</i> Amount shown per day for the services of a physician during a covered hospital confinement. Payable only for the number of days the hospital confinement benefit is payable.	\$12.50 each day	\$25 each day
<i>Inpatient Drugs and Medicine</i> Amount shown per day for drugs or medicine required during a covered hospital confinement. Payable only for the number of days the hospital confinement benefit is payable.	\$12.50 each day	\$25 each day
<i>Private Duty Nursing</i> Amount shown per day for private nursing care and attendance by a nurse during a covered hospital confinement, subject to a maximum of 60 days per continuous hospital confinement. Must be required and authorized by attending physician.	\$50 each day	\$100 each day
<i>Physiotherapy</i> Amount shown per day for physiotherapy performed by a licensed physical therapist during a covered hospital confinement, subject to a maximum of 60 days per continuous hospital confinement.	\$25 each day	\$50 each day
<i>Oxygen</i> Amount shown for the use of oxygen equipment during a covered hospital confinement, subject to a maximum of 1 payment per continuous hospital confinement.	\$100	\$200
<i>Cardiograms</i> Amount shown for an electrocardiogram, echocardiogram, phonocardiogram or vectorcardiogram required during a covered hospital confinement, subject to a maximum of 1 payment per continuous hospital confinement.	\$50	\$100
<i>Cerebral or Carotid Angiogram</i> Amount shown for a cerebral or carotid angiogram required during a covered hospital confinement, subject to a maximum of 1 payment per continuous hospital confinement.	\$75	\$150
<i>Coronary Angioplasty</i> Amount shown for a coronary angioplasty procedure, regardless of the number of blood vessels repaired during the procedure.	\$375	\$750
<i>Pacemaker Insertion</i> Amount shown for the initial insertion of a permanent pacemaker.	\$500	\$1,000
<i>Thromboendarterectomy</i> Amount shown for a thromboendarterectomy operation.	\$1,250	\$2,500
<i>Coronary Artery Bypass Graft Operation</i> Amount shown for a coronary artery bypass graft operation, regardless of the number of grafts performed during the operation.	\$1,250	\$2,500
<i>Heart Transplant</i> Amount shown for the implantation of a natural human heart. This benefit is only payable once per covered person.	\$50,000	\$100,000

EXPLANATION OF BENEFITS	1/2 UNIT	1 UNIT
<p><b>Second Surgical Opinion</b> Amount shown for a second opinion obtained after a positive diagnosis that results in the physician recommending surgery for a covered illness.</p>	\$50	\$100
<p><b>Ambulance</b> Amount shown for transfer by ambulance to a hospital or emergency room for the treatment of a covered condition.</p> <p><b>Non-Air Ambulance</b></p> <p><b>Air Ambulance</b></p>	\$100 \$200	\$200 \$400
<p><b>Cardiac Catheterization</b> Amount shown for a cardiac catheterization procedure.</p>	\$250	\$500
<p><b>Blood, Plasma and Platelets</b> Amount shown for the administration of blood, plasma or platelets during a covered hospital confinement, subject to a maximum of 1 payment per continuous hospital confinement.</p>	\$100	\$200
<p><b>Non-Local Transportation</b> Amount shown for a covered hospital confinement which is obtained more than 100 miles from the covered person's home because the prescribed treatment cannot be obtained locally. This is subject to a maximum of 1 payment per continuous hospital confinement</p>	\$100	\$200
<p><b>Surgery and Anesthesia</b></p> <p><b>1. Surgery.</b> Amount shown in the surgical schedule for a surgery performed in a hospital or ambulatory surgical center. For a surgical procedure not listed in the surgical schedule, we pay \$17 per unit of coverage (\$8.50 per half unit) multiplied by the 1964 California Relative Value Schedule (C.R.V.S.) unit value for the procedure, subject to maximum of amount shown. If no 1964 C.R.V.S. unit value exists for the procedure, then the payment amount will be based upon relative difficulty and payment amounts for other procedures, up to maximum amount shown. Two or more surgical or invasive procedures done at the same time and through a common incision or entry point are considered one operation and benefit is paid for the one with the largest total benefit.</p> <p><b>2. Anesthesia.</b> Additional percentage shown of the amount paid for surgery benefit described in "1" above for anesthesia received during the surgery.</p> <p><b>3. Ambulatory Surgical Center.</b> Amount shown when surgery benefit described in "1" above is paid for a surgery performed at an ambulatory surgical center. These benefits do not pay for surgeries covered by other benefits in the policy.</p>	\$2,500 maximum 25%	\$5,000 maximum 25%
<p><b>Family Member Lodging and Transportation</b></p> <p><b>1. Lodging.</b> Amount shown per day when the Non-Local Transportation benefit is paid and a family member stays in a motel, hotel, or any other accommodation acceptable to us, in order to be near the covered person, subject to a maximum of 60 days per continuous hospital confinement.</p> <p><b>2. Transportation.</b> Amount shown when the Non-Local Transportation benefit is paid and a family member travels more than 100 miles from their home to be near the covered person for a portion of their continuous hospital confinement. This is subject to a maximum of 1 payment per continuous hospital confinement.</p>	\$25 each day \$100	\$50 each day \$200

#### Renewability

The policy will remain in effect when renewal premiums are paid as they are due or during the grace period. Renewal premiums will be at the premium rates in effect on the renewal date. We can change the premium rates on premiums becoming due after the first premium. However, we can only change the rate on the policy by making the rate change for all such policies in a class. Once the policy has been issued, we cannot place any restrictive riders on it or cancel or refuse to renew your policy if you maintain it continuously in force. If we do change rates on all like policies in your class, we will mail you a notice of this change. Notice will be mailed at least 31 days prior to such change. It will be mailed to your address as shown on our records. No change in premiums is effective unless this notice is mailed.

#### Termination of Insurance

If the insured's spouse is a covered person, the spouse's coverage ends upon valid decree of divorce. If your child is a covered person, the child's coverage ends on the policy anniversary next following the date the child is no longer eligible, which is either when the child marries or reaches age 25. Coverage does not terminate on an unmarried child who: 1. is incapable of self-sustaining employment by reason of mental retardation or physical handicap; 2. is chiefly dependent upon you for support and maintenance. Dependent coverage continues as long as this policy remains in force and the dependent child remains in such condition.

#### Exclusions and Limitations

The policy provides benefits only for Heart Attack, Heart Disease or Stroke. This policy does not cover any other disease or sickness or incapacity other than Heart Attack, Heart Disease or Stroke even though such disease, sickness or incapacity may be caused, complicated or otherwise affected by Heart Attack, Heart Disease or Stroke. If a covered confinement is due to more than one covered condition, benefits will be payable as though the confinement were due to one condition. If a confinement due to a covered disease is also due to a condition that is not covered, benefits will be payable only for the part of confinement attributable to the covered condition.

#### Pre-Existing Condition Limitation

A pre-existing condition is the existence of: symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within a 1 year period preceding the effective date of coverage of the insured person or a condition for which medical advice or treatment was recommended by or received from a physician within a 1 year period preceding the effective date of the coverage of the insured person. ■ If a covered person has a pre-existing condition as defined, we do not pay benefits for such conditions under this policy during the 12 month period beginning on the date that person became a covered person. If the loss is not due to a pre-existing condition, then the pre-existing condition limitation does not apply. All losses are subject to the Incontestability provision. This brochure highlights some features of the policy, but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the insured and the insurance company.

# premiums

When you buy heartcare plus insurance, you decide which coverage you want. You can choose the one that's right for your budget and your coverage needs. The units of coverage you select will determine your benefit amounts and your corresponding premium.

## HeartCare Plus Policy (HSP2)

COVERAGE	INDIVIDUAL	FAMILY (if covered)
<b>Weekly</b>		
1/2 unit	\$2.08	\$4.00
1 unit	\$4.15	\$8.00
<b>Monthly</b>		
1/2 unit	\$8.98	\$17.32
1 unit	\$17.96	\$34.64

Issue Ages 18-64.

Name: \_\_\_\_\_

## The HeartCare Plus Policy You Have Selected

- Individual                       1/2 unit
- Family                               1 unit

## Total Premium

Premium: \_\_\_\_\_

- Weekly                       Monthly



**This brochure is for use in Texas.**

Benefits provided by policy form HSP2, or state variations thereof. Underwritten by American Heritage Life Insurance Company. This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy sets forth, in detail, the rights and obligations of both the insured and the insurance company. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Workplace Division.

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