



BE WELL. BE SMART. BE PROTECTED.

Allstate at Work®

# Group Voluntary Supplemental Health Options Plan

Health insurance is a good way to help pay the costs of medical treatments that may be necessary, but most plans offered today don't pay all the costs if your treatment requires a visit to your physician, the emergency room, or an extended stay in the hospital.

The average length of stay in a U.S. hospital in 2005 was 4.8 days.<sup>1</sup> Even just a couple of days in the hospital could be costly to you. Lost income, medicines and therapies can quickly add up.

Supplemental health insurance can help protect your hard-earned savings, and it can help you cover some of the costs associated with hospital care.

If you have little or no savings and spending time in the hospital could cause a major financial burden to your family, then S.H.O.P. insurance may help protect your finances.

## Here's what you get with the S.H.O.P. Coverage:

- Benefits paid directly to you unless assigned
- Coverage available for individual or entire family
- Premium based on age at issue

## Would your finances be protected if you needed medical treatment or an extended stay in the hospital?

1. 2005 National Hospital Discharge Survey, CDC, 2007.



# Allstate Workplace Division's (AWD) Group Voluntary S.H.O.P. Plan Benefits

Group S.H.O.P. plan may be right for you if you want to supplement your new or existing health insurance coverage. And, if you have little or no savings and spending time in the hospital could cause a major financial burden to your family, then S.H.O.P. coverage may help protect your finances.

**The benefit amounts shown below increase by 5% after the first coverage year and each coverage year thereafter, for the next 5 years so that the benefit amounts in coverage years 6 and later are 125% of the initial benefit amounts.**

Hospitalization Benefits (GVSP1)	LOW	HIGH
<p><b>Initial Hospitalization Confinement</b> AWD pays the amount shown for the Initial Hospitalization Benefit on the first confinement to a hospital during a coverage year, provided a benefit is paid under the Daily Hospital Confinement Benefit. This benefit is payable only once for each covered person, for each continuous hospital confinement, and each coverage year.</p> <p>AWD will not pay this benefit for normal pregnancy or complications of pregnancy. And, will not pay for a newborn child's initial hospitalization after birth. A newborn child's initial hospitalization includes any transfers to another hospital before the child is discharged home.</p> <p><b>Daily Hospital Confinement</b> AWD pays the amount shown for the Daily Hospital Confinement Benefit for each day (24 hrs.) a covered person is admitted to and confined as an inpatient in a hospital as a result of an injury or sickness. Proof must be provided for each day a room and board charge is incurred. Payable for a maximum of 180 days for each period of continuous hospital confinement. AWD will not pay this benefit for a newborn child's routine nursing or well baby care during the initial hospital confinement.</p> <p><b>Hospital Intensive Care</b> AWD pays the amount shown for each day (24 hrs.) a covered person is confined to a hospital intensive care unit, provided a benefit is also paid under the Daily Hospital Confinement Benefit. Paid in addition to the Daily Hospital Confinement Benefit. Proof must be provided for each day a hospital intensive care room and board charge is incurred. Maximum number of days this benefit is payable is 60 days for each period of continuous hospital intensive care confinement.</p>	<p>\$750 each year</p> <p>\$300 each day, 180 day max.</p> <p>\$300 each day, 60 day max.</p>	<p>\$1,250 each year</p> <p>\$500 each day, 180 day max.</p> <p>\$500 each day, 60 day max.</p>
<p><b>Surgery and Related Benefits</b></p>		
<p><b>Surgery</b> AWD pays the amount shown in the Schedule of Operations, per unit of coverage, for a surgical operation performed in a hospital or an ambulatory surgical center. Two or more procedures done at the same time through one incision are considered one operation; AWD pays the amount shown in the Schedule of Operations for the operation with the largest benefit. If any operation other than those listed is performed, AWD pays an amount based upon the amount stated in the Schedule of Operations for the most comparable procedure.</p> <p><b>Anesthesia</b> AWD pays 25% of the amount paid under the surgical benefit for anesthesia received by a covered person during the course of a covered surgical operation.</p> <p><b>Inpatient Physician's Treatment</b> AWD pays the amount shown for the Inpatient Physician's Benefit for each day a covered person requires and receives the services of a physician (other than a surgeon) during a covered hospital confinement. This benefit is payable for the number of days the Daily Hospital Confinement Benefit is payable.</p>	<p>\$60-\$1,500 depending on surgery</p> <p>25% of surgical benefit</p> <p>\$75 each day</p>	<p>\$100-\$2,500 depending on surgery</p> <p>25% of surgical benefit</p> <p>\$125 each day</p>
<p><b>Outpatient, Nursing and Transportation Benefits</b></p>		
<p><b>Outpatient Emergency Accident</b> AWD pays the amount shown when a covered person, as a result of an injury, requires medical or surgical treatment in an emergency treatment center. This benefit is payable to a maximum of 2 times each coverage year, for each covered person.</p> <p><b>Outpatient Physician's Treatment</b> AWD pays the amount shown when a covered person is treated by physician, for any cause, outside of a hospital. This benefit is limited to 5 visits each coverage year for each covered person with a maximum of 10 visits each coverage year if the coverage is in force as Individual and Spouse or Individual and Children coverage; and a maximum of 15 visits each coverage year if the coverage is in force as Family coverage.</p>	<p>\$750 each occurrence</p> <p>\$75 each occurrence</p>	<p>\$1,000 each occurrence</p> <p>\$100 each occurrence</p>

Outpatient, Nursing and Transportation Benefits - continued	LOW	HIGH
<p><b>At Home Nursing</b> AWD pays the amount shown for each day a covered person requires at home nursing care during the 60 days following a hospital confinement covered under the policy. At home nursing services must be required and authorized by the attending physician. The benefit is only payable for one visit per day, and a total of 30 visits within the 60 days following a covered hospital confinement.</p>	\$150 each day	\$200 each day
<p><b>Ambulance</b> AWD pays the amount shown for transfer by a licensed ambulance service or hospital owned ambulance (doubled if air ambulance) to a hospital or emergency treatment center. This benefit is limited to a maximum of 3 trips for each covered person, each coverage year.</p>	\$450 each occurrence	\$600 each occurrence
<p><b>Non-Local Transportation</b> AWD pays the amount shown when a covered person requires hospital confinement for treatment prescribed by the local attending physician that cannot be obtained locally. Non-local treatment must be received beyond the 100 mile radius of the home of the covered person. This benefit is limited to 3 round trips for each covered person, each coverage year.</p>	\$450 each trip	\$600 each trip
<b>Miscellaneous Diagnostic &amp; Wellness Benefits Added to the Base Policy</b>		
<p><b>Outpatient Diagnostic X-ray and Laboratory</b> AWD pays the amount shown when laboratory tests are performed for the purpose of diagnosis of an injury or sickness indicated by symptoms that would suggest an injury or sickness has occurred, while the covered person is not hospital confined. This benefit is: limited to only 1 test per day; limited to 3 tests per coverage year, per covered person; and not payable if a benefit is payable under the Wellness and Preventive Test Benefit.</p>	\$25 each covered test, 3 tests a year	\$50 each covered test, 3 tests a year
<p><b>Wellness and Preventive Test</b> AWD pays the amount shown when a covered person has a routine physical examination or preventive test performed while not hospital confined. This benefit is limited to: 1 examination or test per coverage year, per covered person; and is not payable if a benefit is payable under the Outpatient Diagnostic X-ray and Laboratory Benefit. Eligible tests and examinations include: Physical examination performed by a physician; Bone Marrow Testing; CA15-3 (cancer antigen 15-3 blood test for breast cancer); CA125 (cancer antigen 125 - blood test for ovarian cancer); CEA (carcinoembryonic antigen - blood test for colon cancer); Chest X-ray; Colonoscopy; Flexible Sigmoidoscopy; Hemocult Stool Analysis; Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; PSA (prostate specific antigen - blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); and Biopsy for Skin Cancer.</p>	\$50 each year	\$100 each year
<p><b>Prescription Drug Benefit</b> AWD pays the benefit amount shown when a covered person has incurred expenses for prescription drugs, when prescribed by a physician as a result of an injury or sickness. Limited to 12 prescriptions per coverage year for each covered person, with a maximum total of 24 prescriptions per year under Individual and Spouse and Individual and Children Coverage, and a maximum of 36 prescriptions per year under Family Coverage.</p>	\$20 each prescription	\$20 each prescription
<b>Additional Benefit Available with the Base Policy</b>		
<p><b>ScriptSave Prescription Drug</b> A discount prescription drug program that is provided to the covered person without any enrollment or monthly fees or waiting period. It provides: discounts on prescriptions; continued savings when insurance limits have been reached; a national network of pharmacies; savings on brand-name medications; and free access to health and wellness information. <b>For more information, contact ScriptSave at: 1-800-700-3957.</b></p>	Discount prescription program	Discount prescription program

AWD pays for the benefits listed within the policy for service and treatment administered to or received by a covered person. Such treatment or service must be: incurred by a covered person while coverage under the policy is in force on that person; necessary for the care and treatment of sickness or injury of a covered person; and recommended by a physician. Treatment must be received in the U.S. or a U.S. territory.

Low Option consists of 3 units each of Hospitalization Benefits, Surgery and Related Benefits, and Outpatient, Nursing and Transportation Benefits; 1 unit each of Outpatient Diagnostic X-Ray and Laboratory Benefit, and Wellness and Preventive Test Benefit; and 2 units of Prescription Drug Benefit.

High Option consists of 5 units each of Hospitalization Benefits, and Surgery and Related Benefits; 4 units of Outpatient, Nursing and Transportation Benefits; and 2 units each of Outpatient Diagnostic X-Ray and Laboratory Benefit, Wellness and Preventive Test Benefit, and Prescription Drug Benefit.

Monthly Premiums - Low Option						Monthly Premiums - High Option					
Mthly	Iss. Age	Ind.	Ind. & Chldrn.	Ind. & Sp.	Fam.	Mthly	Iss. Age	Ind.	Ind. & Chldrn.	Ind. & Sp.	Fam.
	18-35	\$80.85	\$147.96	\$156.30	\$220.05		18-35	\$120.90	\$215.11	\$232.80	\$322.53
	36-49	\$94.01	\$169.19	\$182.08	\$254.74		36-49	\$141.35	\$247.55	\$272.80	\$375.30
	50-59	\$113.20	\$190.34	\$223.43	\$298.72		50-59	\$171.43	\$280.34	\$337.91	\$443.69
	60-64	\$143.82	\$222.97	\$287.64	\$362.25		60-64	\$219.78	\$330.72	\$439.56	\$544.45
	65 +	\$183.07	\$267.59	\$366.14	\$445.31		65 +	\$282.88	\$401.14	\$565.76	\$676.89

**Issue ages: 18 and older (actively at work)**

**Eligibility/Termination** - Family Plan coverage may include you, your spouse and dependent children as defined in the policy. Individual and Spouse coverage includes you and your spouse. Individual and Children coverage includes you and eligible children as defined in the policy. Individual coverage includes you only. Coverage terminates at the earlier of: the date the policy is canceled; or the last day of the period for which any required premium payments were made; or the last day you are in active employment, except as provided under the "Temporary Layoff, Leave of Absence or Family Medical Leave of Absence" provision; or the date you are no longer in an eligible class; or the date you are no longer eligible. Coverage for your spouse terminates when a valid decree of divorce is granted or on your death. Coverage for a child terminates on the certificate anniversary next following when the child marries or reaches age 22 (26 if a full-time student attending an educational institution of higher learning beyond high school).

**Pre-existing Condition and Limitations** - If a covered person has a pre-existing condition as defined, AWD does not pay benefits for such condition under the policy or any riders attached to the policy during the 12 month period beginning on the date that person became a covered person. A pre-existing condition is a condition for which symptoms existed within a 12 month period before the effective date of coverage; or medical advice or treatment was recommended by or received from a physician within the 12 month period before the effective date of coverage.

**Limitations and Exclusions** - AWD does not pay benefits for conditions caused by or resulting from: injury or sickness incurred prior to the covered person's effective date of coverage subject to the Pre-Existing Condition Limitation and Incontestability provisions; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempted suicide, while sane or insane; or any injury sustained while the covered person is under the influence of alcohol or any narcotic, unless administered upon the advice of a physician; or participation in any form of aeronautics (including parachuting, parasailing and hang gliding) except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or injury incurred while engaging in an illegal occupation or committing or attempting to commit an assault or felony; or dental or plastic surgery for cosmetic purposes except when such surgery is required to: (a) treat an injury; or (b) correct a disorder or normal bodily function; or alcoholism, drug addiction, or dependence upon any controlled substance; or mental or nervous disorders; or intentionally self-inflicted injuries; or a newborn child's routine nursing or routine well baby care during the initial hospital confinement; or childbirth occurring within the first 10 months of the covered person's effective date of coverage (complications of pregnancy are covered to the same extent as a sickness); or hospitalization that begins before the covered person's effective date of coverage; or the reversal of a tubal ligation or vasectomy; or artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law; or routine eye examinations or fitting of eye glasses; or hearing aids or fitting of hearing aids; or dental examinations or dental care other than expenses resulting from an accident; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway.

**Hospital Intensive Care** - AWD does not pay any benefits under the hospital intensive care unit benefit for confinement in any care unit that does not qualify as a hospital intensive care unit as defined in the policy or which has been excluded.

**COBRA** - Your group health plan is subject to the Consolidated Omnibus Reconciliation Act of 1985 (COBRA). You or your family must be offered the opportunity for a temporary continuation of coverage at group rates, in certain instances where coverage would otherwise end. AWD offers administration of this continuation of coverage through an outside service, if selected by your employer.

**The policy is Limited Benefit Supplemental Health Insurance.**



**This brochure is for use in the Outdoor Channel Outfitters enrollment which is situated in Georgia.**

This material is valid as long as information remains current, but in no event later than May 1, 2012. Benefits provided by policy form GVSP1, or state variations thereof. 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. Underwritten by American Heritage Life Insurance Company.

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