



BE WELL. BE SMART. BE PROTECTED.

Allstate at Work®

heart/stroke insurance

HeartCare Plus

No one likes to think about getting heart disease or having a stroke. This year an estimated 785,000 Americans will have a new coronary attack and about 470,000 will have a recurrent attack. Coronary Heart Disease is the largest killer of American males and females, but on average, someone in the U.S. has a stroke every 40 seconds. About 795,000 people experience a new or recurrent stroke each year.¹ 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 2009 is \$238.8 billion; CVD costing about \$165.4 billion and stroke costing about \$73.4 billion.¹ You can help protect yourself and your family from these costs. HeartCare Plus insurance provides benefits that can help with the indirect costs.

HeartCare Plus insurance helps you:

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

Would your finances survive a heart attack or stroke?

1. *Heart Disease and Stroke Statistics*, American Heart Association, 2009 Update.



Allstate®

Workplace Division

Allstate Workplace Division's (AWD) Heart/Stroke Plus (HSP2 Policy)

Hospitalization and Related Benefits	BASIC	ENHANCED	PREMIER
Hospital Confinement – 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.		\$200/day	
Physician's Attendance – 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.		\$25/day	
Inpatient Drugs and Medicine – 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.		\$25/day	
Private Duty Nursing – 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.		\$100/day	
Physiotherapy – 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.		\$50/day	
Oxygen – Amount shown for the use of oxygen equipment during a covered hospital confinement, subject to a maximum of 1 payment per continuous hospital confinement.		\$200	
Cardiograms – Amount shown for an electrocardiogram, echocardiogram, phonocardiogram or vector-cardiogram required during a covered hospital confinement, subject to a maximum of 1 payment per continuous hospital confinement.		\$100	
Cerebral or Carotid Angiogram – 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.		\$150	
Surgery and Related Benefits			
Coronary Angioplasty – Amount shown for a coronary angioplasty procedure, regardless of the number of blood vessels repaired during the procedure.		\$750	
Pacemaker Insertion – Amount shown for the initial insertion of a permanent pacemaker.		\$1,000	
Thromboendarterectomy – Amount shown for a thromboendarterectomy operation.		\$2,500	
Coronary Artery Bypass Graft Operation – Amount shown for a coronary artery bypass graft operation, regardless of the number of grafts performed during the operation.		\$2,500	
Heart Transplant – Amount shown for the implantation of a natural human heart. This benefit is only payable once per covered person.		\$100,000	
Cardiac Catheterization – Amount shown for a cardiac catheterization procedure.		\$500	
Surgery and Anesthesia – 1. Surgery. 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. 2. Anesthesia. Additional percentage shown of the amount paid for surgery benefit described in "1" above for anesthesia received during the surgery. 3. Ambulatory Surgical Center. 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.		1. \$5,000 maximum 2. 25% 3. \$250	

* Benefit amounts in blue are the same for Basic, Enhanced, and Premier packages.

Surgery and Related Benefits - cont	BASIC	ENHANCED	PREMIER
Blood, Plasma and Platelets – 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.		\$200	
Second Surgical Opinion – Amount shown for a second opinion obtained after a positive diagnosis that results in the physician recommending surgery for a covered illness. Payable only once per covered person.		\$100	
Transportation and Lodging Benefits Optional Rider Benefits			
Ambulance – Amount shown for transfer by ground ambulance or ambulance to a hospital or emergency room for the treatment of a covered condition.		\$200 ground \$400 air	
Non-Local Transportation – 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.		\$200	
Family Member Lodging and Transportation – 1. Lodging. 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. 2. Transportation. 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.		1. \$50/day 2. \$200	
Optional Rider Benefits			
Cancer Initial Diagnosis Rider (CIDR1) – Pays a one-time benefit (\$10,000 for one unit of coverage) when a covered person is positively diagnosed for the first time ever as having cancer (other than skin cancer) as defined in the rider. The first diagnosis must occur after the rider date and while the rider is in force on such covered person. This benefit is payable only once for each covered person.	n/a	\$10,000 one time benefit	\$10,000 one time benefit
Hospital Intensive Care Rider (ICR90) – The optional hospital intensive care rider is not disease specific and pays a benefit for a covered confinement in a hospital intensive care unit for any covered illness or accident from the very first day of confinement.			
<i>Hospital Intensive Care Confinement Benefit</i> - \$100 each day for each unit of coverage (or \$50 each day for each unit at age 70 and older) for intensive care unit confinement for any covered illness or accident, subject to a maximum of 45 days for each continuous hospital intensive care unit confinement.	n/a	n/a	\$200/day
<i>Ambulance Benefit</i> - Actual charges for transportation by a licensed ambulance service to the hospital for admission to an intensive care unit. This benefit is not paid if an ambulance benefit is paid under the policy.	n/a	n/a	Actual Charges

* Benefit amounts in blue are the same for Basic, Enhanced, and Premier packages.

Basic Package Premiums - 1 unit HeartCare Plus (HSP2)

INDIVIDUAL	FAMILY (if covered)
Weekly \$4.15	Weekly \$8.00
Monthly \$17.96	Monthly \$34.64

Enhanced Package Premiums - 1 unit HeartCare Plus (HSP2) adding 1 unit of Cancer Initial Diagnosis Rider (CIDR1)

INDIVIDUAL	FAMILY (if covered)
Weekly \$7.29	Weekly \$14.27
Monthly \$31.56	Monthly \$61.84

Premier Package Premiums - 1 unit HeartCare Plus (HSP2) adding 1 unit of Cancer Initial Diagnosis Rider (CIDR1) and 2 units of Hospital Intensive Care Rider (ICR90)

INDIVIDUAL	FAMILY (if covered)
Weekly \$7.79	Weekly \$15.29
Monthly \$33.76	Monthly \$66.24

Issue Ages 18-64.

Rates and benefits shown are for states listed on the back of the brochure. For states not listed, variations to benefits, premiums, exclusions and limitations may apply. The policy and riders may not be available in all states. Ask your agent for details.

Renewability - The policy is guaranteed renewable for life, subject to change in premiums by class. A notice will be mailed in advance of any change.

Eligibility/Termination - Family coverage may include you, your spouse and dependent children as defined in the policy. 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 21 (25 if a full time student at an educational institution of higher learning beyond high school). 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. became so incapacitated prior to the attainment of the limiting age for eligibility under the policy; and 3. is chiefly dependent upon you for support and maintenance. Dependent coverage continues as long as the policy remains in force and the dependent child remains in such condition.

Policy Exclusions and Limitations - The policy provides benefits only for Heart Attack, Heart Disease or Stroke. The 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 the confinement attributable to the covered condition. Exclusions and limitations to the policy also apply to the riders.

Pre-Existing Condition Limitation for Policy and Riders - A pre-existing condition is a condition not revealed in the application for which: symptoms existed within a 1 year period before the effective date of coverage; or medical advice or treatment was recommended by or received from a physician within the 1 year period before the effective date of coverage. ■ If a covered person has a pre-existing condition as defined, we do not pay benefits for such conditions 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. 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.

Cancer Initial Diagnosis Rider (CIDR1) and Intensive Care Rider (ICR90) Exclusions and Limitations - Hospital Intensive Care Rider (ICR90) We do not pay for intensive care confinement if you are admitted because of: a pre-existing condition as defined in the policy; or an attempted suicide or intentional self-inflicted injury (**CO, MO** - while sane); or intoxication or being under the influence of drugs not prescribed or recommended by a physician(n/a - **DC**) (**OK** - any loss sustained or contracted in consequence of the insured's being under the influence of any narcotic unless administered on the advice of a physician); or alcoholism or drug addiction (n/a - **DC**). We do not pay for confinements in any care unit that does not qualify as a hospital intensive care unit. The following do not qualify as "Hospital Intensive Care Units": progressive care units; or sub-acute intensive care units; or intermediate care units; or private room with monitoring; or step-down units; or any other lesser care treatment units.

Cancer Initial Diagnosis Rider (CIDR1) We do not pay a benefit under the rider for any disease other than cancer as defined in the rider.

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The policy is a Limited Benefit Policy with Riders.

This brochure is for use in AL, AK, CO, DC, HI, IA, KS, KY, MO, NV, OH, OK, PR, AND VI.

For states not listed, this brochure is incomplete without state-specific rate and rider inserts.



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Rev. 5/09. This material is valid as long as information remains current, but in no event later than May 1, 2012. Benefits provided by policy form HSP2, or state variations thereof. Intensive Care Rider provided by rider ICR90, or state variations thereof. Cancer Initial Diagnosis Rider provided by rider CIDR1, or state variations thereof. Underwritten by American Heritage Life Insurance Company. This brochure highlights some features of the policy and riders but is not the insurance contract. Only the actual policy and rider provisions control. The policy and riders set forth, in detail, the rights and obligations of both the insured and the insurance company. The policy and optional riders are not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Workplace Division.

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