



It's your company

strengthen their health

Allstate Workplace Division's Group Indemnity Medical Insurance policy helps supplement existing medical coverage, is guaranteed issue, and offers benefits that can be customized to meet the needs of your employees.

You're in control

With Group Indemnity Medical Insurance you decide what is offered to your employees. You choose the benefit packages that will help meet their needs, the needs of their family, and your company.

We offer a state-of-the-art electronic enrollment system that can help make the enrollment process easy and will minimize an employee's time away from the work area.

Ask us about our online enrollment solutions.





their health is your benefit

Help your employees maintain their health year round through the addition of a wellness benefit, reduce out-of-pocket expenses by utilizing a PPO Network, and help them protect their entire family against illnesses or injuries. As you know, whatever impacts your employees or their family, impacts your workplace.

Take a look at what we offer...

i meeting your needs

We are there helping you through each step of the benefits process.

- Employer or Employee funded
- Electronic enrollments
- Flexible billing
- Quick claims response
- Customer support

We can make your benefit process easy, flexible, and beneficial to your Company, your Benefits Manager, and your Employees.

Ask us how.

why group benefits

Why should you offer your employees group medical benefits at the workplace?

- They will have access to a PPO network that can help them with out-of-pocket expenses on doctor visits.
- They can purchase coverage to help protect themselves and their families.
- Benefits paid regardless of any other coverage.

how it works

You have control over what your employees are offered. You select one or two pre-packaged plans and riders. We work with you to schedule enrollment dates and/or online enrollment assistance to help with administration of your benefits' program. At any time before or during the enrollment period, we provide your employees with a custom brochure detailing the highlights of the plan(s) you have selected. Your employees meet with our representatives or enroll online and choose the coverage that fits their needs or the needs of their family.

our PPO provider

The Preferred Provider Organization (PPO) Network, Beech Street offered by Viant, provides unsurpassed value, combining nationwide access, deep discounts on covered services, and exceptional service. The network includes over 535,000 individual practitioners and over 87,000 facility locations, including more than 4,800 acute care hospitals. Visit www.beechstreet.com for more information.

fast fact #1

Almost 9 in 10 employees consider medical/health insurance to be among the most important workplace benefits. They are often willing to make concessions in other areas to ensure a comprehensive and affordable medical plan.



Source:
Navigating the Workplace Benefits Landscape, LIMRA, July, 2006.



benefits in the plan

One of the most important features of the plan is that benefit amounts increase by 5% after the first coverage year and each coverage year thereafter, for the next 5 years. The benefit amounts in coverage years 6 and later are 125% of the initial benefit amounts.

HOSPITALIZATION

Initial Hospitalization Confinement - The employee will receive a benefit amount 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 once per coverage year, for each covered person, and must be a continuous hospital confinement.

Normal pregnancy or any complications from pregnancy, newborn child's hospitalization and care after birth are not covered, and transfers to another hospital for additional care before being discharged are not covered.

Daily Hospital Confinement - If the employee is injured or sick and is admitted to the hospital for one or more days, they will receive a benefit amount shown each day for up to 180 days for each continuous confinement. Routine nursing or well baby care of newborn children is not covered. Proof of hospital stay must be provided for each day they are charged for room and board.

Hospital Intensive Care - If the employee is admitted to a hospital intensive care unit for one or more days, they will receive a benefit amount for up to 60 days for each continuous intensive care confinement in addition to the amount they receive under the Daily Hospital Confinement benefit. Proof of hospital stay must be provided for each day they are charged for room and board.

SURGERY AND RELATED BENEFITS

Surgery - The employee will receive the benefit amount in the Schedule of Operations, 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. They will be paid for the greater of the two. If they require an operation not listed in the Schedule of Operations, they will receive an amount based on the most comparable procedure.

Anesthesia - The employee will receive 25% of the amount paid under the surgery benefit for anesthesia received during the course of a covered surgical operation.

Inpatient Physician's Treatment - The employee will receive a benefit amount for each day they are confined in a hospital, and receive the services of a physician. This benefit will be paid based on the number of days payable under the Daily Hospital Confinement Benefit.

OUTPATIENT, NURSING, AND TRANSPORTATION BENEFITS

Outpatient Emergency Accident - The employee will receive a benefit amount 2 times each coverage year, per covered person when they are injured and require medical or surgical treatment in an emergency treatment center.

Outpatient Physician's Treatment - The employee will receive a benefit amount when they are treated by physician, for any cause, outside of a hospital. Each coverage year, this benefit is limited to 5 visits for Individual coverage, 10 visits for Individual and Spouse or Individual and Children, and 15 visits for Family coverage.

At Home Nursing - The employee will receive a benefit amount for each day they require at home nursing care during the 60 days following a covered hospital confinement. 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.

Ambulance Services - The employee will receive a benefit amount for transfer to an emergency treatment center or hospital by a licensed or hospital owned ambulance service. Limited to a maximum of 3 trips per coverage year, per covered person.

Non-Local Transportation - The employee will receive a benefit amount if they require treatment that cannot be performed by their local attending physician, and treatment can only be obtained beyond 100 miles from their home. Limited to 3 trips each coverage year, per covered person.

WELLNESS AND DIAGNOSTIC

Outpatient Diagnostic X-ray and Laboratory -

The employee will receive a benefit amount when they have laboratory tests to diagnose an injury or sickness. Their symptoms must suggest an injury or sickness has occurred, and they cannot be hospitalized and receive this benefit. This benefit is limited to 1 test per day and 3 tests per year, per covered person. The benefit is not payable if they received benefits under the Wellness and Preventive Test Benefit.

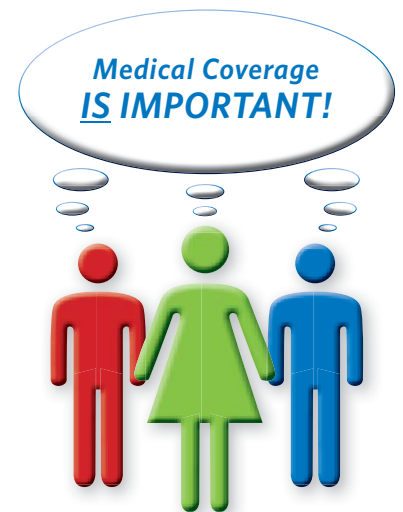
Wellness and Preventive Test - The employee will receive a benefit amount when they have a routine physical exam or preventive test performed; however, they cannot be hospitalized and receive this benefit. They are limited to 1 examination or test per coverage year/per covered person. This benefit is not payable if they receive benefits under the Outpatient Diagnostic X-ray and Laboratory Benefit. Example of eligible tests and examinations covered include: Bone Marrow Testing; CA15-3 (cancer antigen 15-3 blood test for breast cancer); CA125 (cancer antigen 125 - blood test for ovarian cancer); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; and PSA (prostate specific antigen - blood test for prostate cancer). A complete listing of covered tests can be found in the policy.

PRESCRIPTION

Prescription Drug- The employee will receive a benefit amount when they have incurred expenses for prescription drugs, when such drugs are prescribed by a physician, as a result of an injury or sickness. This benefit is limited to: 12 prescriptions (initial or refilled) per covered person, per coverage year with a maximum of 24 prescriptions (initial or refilled) per coverage year if they elected Individual and Spouse coverage or Individual and Children coverage; or a maximum of 36 prescriptions (initial or refilled) per coverage year if they elected Family coverage.

fast fact #2

Medical coverages are typically the foundation of employer benefit packages, and for good reason. In employees' minds, no other workplace benefit comes close in terms of importance.



Source:
Navigating the Workplace Benefits Landscape, LIMRA, July, 2006.

fast fact #3

Employers with more than 100 employees typically offer multiple plans. PPO plans are by far the most frequently offered type of medical benefit, and HMOs are the second most offered option.

PPO
most frequently
offered

HMO
second most
frequently offered

Source:
Navigating the Workplace Benefits Landscape, LIMRA, July, 2006.

OPTIONAL BENEFITS

Short Term Disability and Term Life Riders are packaged with the policy; dental is not. However, dental can be purchased as stand-alone coverage.

OPTIONAL RIDERS -

1. Short Term Disability Rider (Off-the-Job Accident and Sickness Disability) - The employee will receive a monthly benefit when they have submitted sufficient written proof that they are totally disabled due to an off-the-job injury or sickness, and they have satisfied the 7 day elimination period requirement. The benefit will be payable up to a maximum of 3 months. For any period of disability less than one month for which a benefit is payable, 1/30th of the monthly amount is paid for each day of total disability. Coverage terminates on the certificate anniversary following the employee's 70th birthday.

2. Term Life Rider - A designated beneficiary will receive a benefit amount once proof of death of the covered person has been received within 2 years after the date of the death. Death Benefit per unit of coverage: Insured Employee - \$20,000*, Insured Spouse - \$10,000*, Insured Child(ren) 6 months to the dependent age limit - \$10,000, Insured Child(ren) 15 days old but less than 6 months - \$2,000.

*Amounts are reduced 25% at age 65-70. Amounts are reduced to 50% at age 70 or over.

OPTIONAL BUY-UP - (Available as a stand-alone policy)

1. Dental - The employee will receive benefits for covered dental procedures received while insured under the group Dental policy. On the 2nd and 3rd coverage years the covered percent paid will increase. There are no networks of dentists. There is a wellness benefit included with no elimination period. Other services require a six month elimination period before benefits are payable coverage for orthodontic services/braces is also available for insured children under the age of 19. The employee chooses whether to enroll or not. Some categories of services require continuous coverage during the elimination period before a benefit is payable, and may be subject to a co-payment or deductible.

A dental brochure and insert can be provided to your employees for a full explanation of the benefits, exclusions, and limitations that may apply.

ADDITIONAL DISCOUNT PROGRAMS

(Included at no additional cost)

1. EyeMed Vision Care - EyeMed Vision Care is all about Wellness care. The plan offers the employee \$5.00 off on eye examinations and an average of 40% off a complete pair of glasses. ID cards allow them the freedom to receive the care they need at any one of the in-network providers. To see a list of participating providers, go to www.eyemedvisioncare.com and choose ACCESS from the provider locator drop-down box. Members can also call 1-866-559-5252.

2. ScriptSave® Prescription Drug - The ScriptSave® program provides savings on brand name and generic medications for your employee and everyone in their households; and continued savings when insurance limits have been reached. For more information, contact ScriptSave® at: 1-800-700-3957.

EyeMed Vision Care and ScriptSave® Prescription Drug are discount programs only provided by a third party service provider. They do not provide insurance coverage.



Benefits provided by policy form GVSP1, or state variations thereof. Off-The-Job Accident and Sickness Disability Rider provided by rider form R1SP, or state variations thereof. Term Life Rider provided by rider form R2SP, or state variations thereof. Dental coverage provided by policy form G-DEN-P, or state variations thereof. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). This is a brief overview of the benefits available under the Group Policy issued by American Heritage Life Insurance Company. However, the insurance will be governed solely by the terms and conditions of each Group Policy, which alone will make up the agreement by which the insurance will be provided. The coverage has exclusions and limitations, may have reductions of benefits at specific ages, and may not be available for sale in all states.

The policy is indemnity medical coverage. It is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from American Heritage Life Insurance Company. Subject to COBRA continuation of coverage.

This material is valid as long as information remains current, but in no event later than February 1, 2012.



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