



BE WELL. BE SMART. BE PROTECTED.

Supplemental Health Options Policy

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 2003 was 4.8 days.¹ 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. policy:

- Benefits paid directly to you unless assigned
- Benefits paid regardless of other coverage
- Coverage available for individual or entire family
- Premium based on age at issue
- Guaranteed renewable to age 65, subject to change in premiums by class

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

1. *Advance Data From Vital and Health Statistics*, Centers for Disease Control and Prevention, July 2005.



Allstate S.H.O.P. Policy Benefits

Base Policy Benefits (CHC)	SILVER	GOLD	PLATINUM
<p>Daily Hospital Confinement Benefit We pay the amount shown for the Daily Hospital Confinement Benefit for each day a covered person is admitted to and confined as an inpatient, subject to a maximum of 365 days for each period of continuous hospital confinement.</p>	\$100 each day	\$150 each day	\$200 each day
<p>Hospital Intensive Care Unit Benefit We pay the amount shown for the Hospital Intensive Care Unit Benefit for each day 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. A day is a 24 hour period. If confinement is for only a portion of a day, then a pro-rata share of the daily benefit is paid. Maximum number of days this benefit is payable is 60 days for each period of continuous hospital intensive care confinement.</p>	\$100 each day	\$150 each day	\$200 each day
<p>Waiver of Premium After the insured has been hospital confined for 30 consecutive days, we waive premiums that become due on the policy and all riders attached to the policy during the insured's continued hospital confinement. This benefit is applicable to the primary insured only. Once the hospital confinement ends, premium payments must begin again.</p>	Yes	Yes	Yes
Additional Riders Included With The Base Policy			
<p>Initial Hospitalization Rider We pay the amount shown for the Initial Hospitalization Benefit on the first confinement to a hospital during a calendar year, provided a benefit is paid under the Daily Hospital Confinement Benefit in the policy. This benefit is payable only once for each covered person, for each continuous hospital confinement, and each calendar year.</p>	\$500	\$750	\$1,000
<p>Inpatient Physician's Benefit Rider We pay the amount shown for the Inpatient Physician's Benefit for each day a covered person requires 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 in the policy is payable.</p>	\$75 each day	\$100 each day	\$100 each day

Silver, Gold and Platinum Packages with Monthly & Annual Premiums	Issue			
<p>The Silver package and premiums consist of: the base S.H.O.P. policy (CHC) 2 units; Initial Hospitalization (IHR1) 2 units; Inpatient Physician's Benefit (IPBR1) 3 units; Surgery and Anesthesia (SAR1) 3 units; Outpatient Physician's Benefit (OPBR1) 2 units; At Home Nursing Benefit (AHNR) 1 unit; and Transportation Benefit (TR1) 1 unit.</p>	Monthly	Silver		
		Individual	\$35.70	\$
	Individual and Children	\$63.80	\$	
	<p>The Gold package and premiums consist of: the base S.H.O.P. policy (CHC) 3 units; Initial Hospitalization (IHR1) 3 units; Inpatient Physician's Benefit (IPBR1) 4 units; Surgery and Anesthesia (SAR1) 4 units; Outpatient Physician's Benefit (OPBR1) 3 units; At Home Nursing Benefit (AHNR) 1 unit; and Transportation Benefit (TR1) 1 unit.</p>	Individual and Spouse	\$71.40	\$1
Family			\$91.70	\$1
<p>The Platinum package and premiums consist of: the base S.H.O.P. policy (CHC) 4 units; Initial Hospitalization (IHR1) 4 units; Inpatient Physician's Benefit (IPBR1) 4 units; Surgery and Anesthesia (SAR1) 4 units; Outpatient Physician's Benefit (OPBR1) 3 units; Outpatient Emergency Accident Benefit (OEAR1) 2 units; At Home Nursing Benefit (AHNR) 1 unit; and Transportation Benefit (TR1) 1 unit.</p>	Annually	Silver		
		Individual	\$392.70	\$5
		Individual and Children	\$701.80	\$1,0
		Individual and Spouse	\$785.40	\$1,1
	Family	\$1,008.70	\$1,4	

Issue ages are 21-64.

Additional Riders Included With The Base Policy	SILVER	GOLD	PLATINUM
<p>Surgery and Anesthesia Rider</p> <ul style="list-style-type: none"> ■ Surgical Benefit - We pay the amount shown, depending on the surgery, 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. We pay the amount shown in the Schedule of Operations for the operation with the largest benefit. If any operation other than those listed is performed, we pay an amount based upon the amount stated in the Schedule of Operations for the most comparable procedure. ■ Anesthesia Benefit - We pay 25% of the amount paid under the surgical benefit for anesthesia received by a covered person during the course of a covered surgical operation. 	\$30-\$750 depending on surgery	\$40-\$1,000 depending on surgery	\$40-\$1,000 depending on surgery
<p>Outpatient Physician's Benefit Rider</p> <p>We pay the amount shown for the Outpatient Physician's Benefit when a covered person is treated by physician outside of a hospital. This benefit is limited to 2 visits each calendar year for each covered person; and a maximum of 4 visits each calendar year if the policy is in force as individual and spouse, individual and children or family coverage.</p>	\$50 each occurrence	\$75 each occurrence	\$75 each occurrence
<p>Outpatient Emergency Accident Rider</p> <p>We pay the amount shown for the Outpatient Emergency Accident Benefit when a covered person, as a result of an injury, requires medical or surgical treatment in an emergency room. This benefit is payable a maximum of 2 times each calendar year for each covered person.</p>	n/a	n/a	\$100 each occurrence
<p>At Home Nursing Benefit Rider</p> <p>We pay the amount shown for the At Home Nursing Benefit 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 limited to one visit each day, and a total of 30 visits within the 60 days following a covered hospital confinement.</p>	\$50 each day	\$50 each day	\$50 each day
<p>Transportation Rider</p> <ul style="list-style-type: none"> ■ Ambulance Benefit - We pay the amount shown for transfer by a licensed ambulance service or hospital owned ambulance (\$200 if air ambulance) to a hospital or emergency treatment center. This benefit is limited to a maximum of 2 trips for each covered person, each calendar year. ■ Non-Local Transportation Benefit - We pay the amount shown when a covered person requires hospital confinement for treatment prescribed by the local attending physician that cannot be obtained within a 100 mile radius of the home of the covered person. This benefit is limited to 2 trips for each covered person, each calendar year. 	\$100 each occurrence	\$100 each occurrence	\$100 each occurrence
	\$200 each trip	\$200 each trip	\$200 each trip

Age: 21-35		Issue Age: 36-49			Issue Age: 50-59			Issue Age: 60-64		
Gold	Platinum	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Gold	Platinum
51.40	\$62.80	\$39.90	\$57.30	\$69.80	\$48.10	\$69.00	\$84.00	\$60.50	\$86.70	\$105.40
92.20	\$118.70	\$68.40	\$98.60	\$126.10	\$70.60	\$101.60	\$129.50	\$74.10	\$106.50	\$135.30
02.80	\$125.60	\$79.80	\$114.60	\$139.60	\$96.20	\$138.00	\$168.00	\$121.00	\$173.40	\$210.80
31.90	\$169.80	\$100.50	\$144.20	\$184.20	\$110.90	\$158.90	\$201.80	\$126.80	\$181.50	\$229.00
Gold	Platinum	Silver	Gold	Platinum	Silver	Gold	Platinum	Silver	Gold	Platinum
65.40	\$690.80	\$438.90	\$630.30	\$767.80	\$529.10	\$759.00	\$924.00	\$665.50	\$953.70	\$1,159.40
14.20	\$1,305.70	\$752.40	\$1,084.60	\$1,387.10	\$776.60	\$1,117.60	\$1,424.50	\$815.10	\$1,171.50	\$1,488.30
30.80	\$1,381.60	\$877.80	\$1,260.60	\$1,535.60	\$1,058.20	\$1,518.00	\$1,848.00	\$1,331.00	\$1,907.40	\$2,318.80
50.90	\$1,867.80	\$1,105.50	\$1,586.20	\$2,026.20	\$1,219.90	\$1,747.90	\$2,219.80	\$1,394.80	\$1,996.50	\$2,519.00

Service and Treatment Conditions

We pay 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; and necessary for the care and treatment of sickness or injury of a covered person; and recommended by a physician.

Renewability/Grace Period

Guaranteed renewable to age 65 subject to change in premiums by class. A notice will be mailed in advance of any change. A grace period is granted for payment of each premium after the first premium. The policy remains in force during the grace period.

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. **(In LA - eligible children include grandchildren in your legal custody.)** The policy terminates at the earlier of: the end of the grace period, if any renewal premium is not paid prior to that time; or the termination date shown on page 3 of the policy; or the insured's death except that, the insured's spouse, if a covered person, becomes the new insured (and assumes all rights under the policy held by the insured at death) upon the insured's death. Coverage will then continue until the earlier of: the termination date shown in the policy on page 3; or the new insured's death; or the new insured's 65th birthday. Coverage for a spouse terminates at the earlier of when the spouse becomes age 65 or a valid decree of divorce is granted or when the policy terminates. Coverage for a child terminates on the policy anniversary next following when the child marries or reaches age 21 (25 if a full-time student at an educational institution of higher learning beyond high school), **(In LA - 25 if a full-time student at an accredited college or university or at a vocational, technical, vocational-technical, or trade school, institute or secondary school).**

Pre-existing Condition and Limitations

If a covered person has a pre-existing condition as defined, we do 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 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 application date.

Exclusions and Other Limitations

The policy (including any riders attached to the policy) does not pay benefits for conditions caused by or resulting from: any act of war whether or not declared, participation in a riot, insurrection or rebellion; or an attempted suicide or intentional self-inflicted injury; or intoxication or being under the influence of drugs not prescribed or recommended by a physician **(in GA - or any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician);** or alcoholism or drug addiction; or nervous or mental disorders; or dental or plastic surgery for cosmetic purposes (this exclusion does not apply to such surgery required by an injury or correction of disorders of normal bodily functions); or a newborn child's routine nursing or routine well baby care; or childbirth occurring within the first 10 months of the policy date (complications of pregnancy are covered to the same extent as a sickness); or hospitalization that began before the policy date. We do 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.

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 riders are not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from us.

When applying for coverage, list on the application all policy and rider form numbers, as well as the number of units which pertain to coverage applied for.

The exclusions and other limitations provision of the policy apply to all riders.

The policy is Limited Benefit Supplemental Health Insurance.

This brochure is for use in Alabama, Alaska, Georgia, Hawaii, Iowa, Kansas, Kentucky, Louisiana, Nebraska, Nevada, Ohio, Virgin Islands, and Wyoming.



Rev. 1/06. Benefits provided by policy form CHC, or state variations thereof. Initial Hospitalization Rider provided by rider form IHR1, or state variations thereof. Inpatient Physician's Benefit Rider provided by rider form IPBR1, or state variations thereof. Surgery and Anesthesia Rider provided by rider form SAR1, or state variations thereof. Outpatient Physician's Benefit Rider provided by rider form OPBR1, or state variations thereof. Outpatient Emergency Accident Rider provided by rider form OEAR1, or state variations thereof. At Home Nursing Rider provided by rider form AHNR, or state variations thereof. Transportation Rider provided by rider form TR1, or state variations thereof. Underwritten by American Heritage Life Insurance Company.

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