

American Heritage Life Insurance Company

**A Group Voluntary Critical Illness Insurance Policy Illustration**

Group Situs State: Georgia

Case Name: Macon Water Authority

Agent Name: Billy Pitts

Policy: GVCIP1 Group Voluntary Critical Illness

**Basic Benefit Amount:**

Primary Insured \$10,000

Insured Spouse & each insured dependent \$5,000

**Optional/Additional Benefits:**

Critical Illness Cancer \$10,000

Insured Spouse & each insured dependent \$5,000

Recurrence Benefit 25% of Previously Paid Cat 1 & 2

Wellness Benefit 2 unit(s)

Premium Payment Mode: Weekly

Premium Rates	Age	Employee	Employee	Employee	Family
		Only	+Spouse	+Child(ren)	
<b>Non-Tobacco</b>	18-35	\$ 1.76	\$ 2.67	\$ 1.87	\$ 2.81
	36-49	\$ 4.07	\$ 6.09	\$ 4.20	\$ 6.20
	50-59	\$ 8.75	\$ 13.01	\$ 8.87	\$ 13.15
	60-64	\$ 14.01	\$ 20.83	\$ 14.15	\$ 20.95
	65-69	\$ 17.75	\$ 26.35	\$ 17.89	\$ 26.49
	70+	\$ 20.82	\$ 30.85	\$ 20.93	\$ 30.99
<b>Tobacco</b>	18-35	\$ 2.82	\$ 4.22	\$ 2.93	\$ 4.36
	36-49	\$ 7.50	\$ 11.19	\$ 7.62	\$ 11.30
	50-59	\$ 16.64	\$ 24.71	\$ 16.78	\$ 24.83
	60-64	\$ 23.50	\$ 34.84	\$ 23.61	\$ 34.96
	65-69	\$ 26.80	\$ 39.71	\$ 26.91	\$ 39.83
	70+	\$ 29.03	\$ 43.03	\$ 29.17	\$ 43.17

These rates are for agent use only and are not to be presented to the employee without an approved case-specific marketing brochure that describes the benefits, exclusions, and limitations of this policy. Please ask your producer for details.

April 25, 2007

**This illustration and rates expire 7/1/2007**

Allstate Workplace Division is the marketing name for American Heritage Life Insurance Company, a wholly owned subsidiary of the Allstate Corporation, Home Office: Northbrook, Illinois. All products are underwritten by American Heritage Life Insurance Company, Home Office: Jacksonville, Florida. This illustration highlights some features of the policy and optional benefits, but is not the insurance contract. Only the actual policy and certificate provisions control. The policy sets forth, in detail, the rights and obligations of both the insured and the insurance company. ©2007 Allstate Insurance Company.



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Workplace Division

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Group Situs State: Georgia  
 Case Name: Macon Water Authority  
 Agent Name: Billy Pitts  
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**Basic Benefit Amount:**

Primary Insured \$25,000  
 Insured Spouse & each insured dependent \$12,500

**Optional/Additional Benefits:**

Critical Illness Cancer \$25,000  
 Insured Spouse & each insured dependent \$12,500  
 Recurrence Benefit 25% of Previously Paid Cat 1 & 2  
 Wellness Benefit 4 unit(s)

Premium Payment Mode: Weekly

Premium Rates	Age	Employee	Employee	Employee	Family
		Only	+Spouse	+Child(ren)	
Non-Tobacco	18-35	\$ 4.16	\$ 6.30	\$ 4.45	\$ 6.64
	36-49	\$ 9.93	\$ 14.84	\$ 10.27	\$ 15.12
	50-59	\$ 21.64	\$ 32.14	\$ 21.93	\$ 32.49
	60-64	\$ 34.79	\$ 51.70	\$ 35.14	\$ 51.99
	65-69	\$ 44.14	\$ 65.49	\$ 44.48	\$ 65.84
	70+	\$ 51.81	\$ 76.74	\$ 52.10	\$ 77.09
Tobacco	18-35	\$ 6.81	\$ 10.16	\$ 7.10	\$ 10.51
	36-49	\$ 18.52	\$ 27.59	\$ 18.81	\$ 27.87
	50-59	\$ 41.37	\$ 61.39	\$ 41.72	\$ 61.68
	60-64	\$ 58.50	\$ 86.72	\$ 58.79	\$ 87.01
	65-69	\$ 66.75	\$ 98.89	\$ 67.04	\$ 99.18
	70+	\$ 72.35	\$ 107.20	\$ 72.70	\$ 107.55

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Group Situs State: Georgia  
 Case Name: Macon Water Authority  
 Agent Name: Billy Pitts  
 Policy: GVCIP1 Group Voluntary Critical illness

**Basic Benefit Amount:**

Primary Insured \$15,000  
 Insured Spouse & each insured dependent \$7,500

**Optional/Additional Benefits:**

Critical Illness Cancer \$15,000  
 Insured Spouse & each insured dependent \$7,500  
 Recurrence Benefit 25% of Previously Paid Cat 1 & 2  
 Wellness Benefit 4 unit(s)

Premium Payment Mode: Weekly

Premium Rates	Age	Employee Only	Employee +Spouse	Employee +Child(ren)	Family
Non-Tobacco	18-35	\$ 2.87	\$ 4.38	\$ 3.04	\$ 4.59
	36-49	\$ 6.33	\$ 9.50	\$ 6.53	\$ 9.68
	50-59	\$ 13.35	\$ 19.89	\$ 13.53	\$ 20.10
	60-64	\$ 21.25	\$ 31.62	\$ 21.45	\$ 31.80
	65-69	\$ 26.85	\$ 39.90	\$ 27.06	\$ 40.10
	70+	\$ 31.46	\$ 46.65	\$ 31.63	\$ 46.85
Tobacco	18-35	\$ 4.46	\$ 6.70	\$ 4.63	\$ 6.91
	36-49	\$ 11.48	\$ 17.15	\$ 11.66	\$ 17.33
	50-59	\$ 25.19	\$ 37.44	\$ 25.40	\$ 37.61
	60-64	\$ 35.47	\$ 52.64	\$ 35.65	\$ 52.81
	65-69	\$ 40.42	\$ 59.94	\$ 40.60	\$ 60.11
	70+	\$ 43.78	\$ 64.92	\$ 43.99	\$ 65.13

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# Group Critical Illness Insurance

When you think about your family have any of them experienced a heart attack, stroke, kidney failure, or life-threatening cancer? If you answered yes, then you understand the emotional and financial impact a critical illness can have on your hard-earned savings. Have you ever thought about the chances of you or a family member becoming critically ill or living with a critical illness? If you haven't you may want to consider these statistics: Stroke is the leading cause of serious, long-term disability in the United States<sup>1</sup>; At age 40, the lifetime risk of developing Heart Failure for both men and women is one in five<sup>2</sup>; 13,200,000 victims of angina, heart attack, and other forms of coronary heart disease are still living<sup>2</sup>; About 76% of all cancers are diagnosed in persons 55 and older<sup>3</sup>; Men have a 1 in 2 lifetime risk of developing cancer; for women the risk is a little more than 1 in 3.<sup>3</sup>

1. *Heart Disease and Stroke Statistics Update*, American Heart Association, 2006. 2. American Heart Association Website, [www.americanheart.org](http://www.americanheart.org). 3. *Cancer Facts & Figures*, American Cancer Society, 2005.

## If you were diagnosed with a critical illness today, would your finances be there for tomorrow?

### You can receive treatment for critical illnesses and help keep your finances intact.

The good news is that Allstate Workplace Division's Group Voluntary Critical Illness product pays a lump sum benefit to each covered person at the time of diagnosis. This benefit can be used to help meet expenses which are not normally covered under traditional health insurance. Which means you and your family can concentrate on getting well without worrying about having enough money to cover the bills.

### Group Critical Illness benefits covered by the policy include:

#### ▪ Benefit Category 1 - Group Critical Illness Benefits:

Heart Attack (100%); Heart Transplant (100%); Stroke (100%); and Coronary Artery By-Pass Surgery (25%)

#### ▪ Benefit Category 2 - Group Critical Illness Benefits:

Major Organ Transplant (other than heart) (100%); End Stage Renal Failure (100%); Paralysis (not as a result of a stroke) (100%); and Alzheimer's Disease (25%)

#### ▪ Benefit Category 3 - Optional Critical Illness Cancer Benefits:

Invasive Cancer (100%); and Carcinoma in Situ (25%)

#### ▪ Optional Benefits:

Wellness (Cancer Screenings and Heart Screenings) (\$25/unit); and Recurrence (25% of previously paid category 1 or 2 benefits, as long as 18 months have elapsed since the last diagnosis, and coverage is still in force)

### With Allstate Workplace Division Group Critical Illness insurance you can have peace-of-mind knowing -

- 100% of the benefit amount purchased can be paid in each of 3 categories (*Example*—if you enroll under a \$10,000 policy, it's possible, depending upon future diagnoses, you could claim up to \$30,000 in benefits).
- Spouse/domestic partner and child(ren) coverage. Spouse and child(ren) basic benefit amount is 50% of the covered person.
- Benefit paid in addition to other coverage.
- Benefit paid directly to you, unless benefits are assigned to someone else.
- Portable if you leave the group, regardless of whether the group policy remains active, as long as premiums continue to be made to AWD.

### This is a limited benefit Critical Illness Policy with optional benefits, which provides stated benefits for specified illnesses or other benefits that may be added.



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Group Voluntary Critical Illness benefits provided by policy form GVCIP1, or state variations thereof. The policy and rider have exclusions, limitations and reductions of benefits at specific ages, and may not be available for sale in all states. For costs and complete details of the coverage, contact your insurance agent, or call 1-800-521-3535. Underwritten by American Heritage Life Insurance Company.

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# cancer insurance

## including 20 Other Specified Diseases

**In addition to cancer coverage, this supplemental insurance pays you benefits for 20 other specified diseases:**

Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Typhoid Fever, Bubonic Plague, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Epidemic Cerebrospinal Meningitis, Undulant Fever, Sickle Cell Anemia, Rocky Mountain Spotted Fever, Smallpox, Addison's Disease, Hansen's Disease, Tularemia.

No one likes to think about getting cancer. But it will still affect **1 in 2 men** and **1 in 3 women**.<sup>1</sup> Cancer may not be preventable, but you can protect yourself from some of the costs. Cancer and specified disease insurance can help you: Manage the high expenses of treatment; Preserve savings; Protect your family from financial hardship; Concentrate on getting well.

Cancer insurance from Allstate Workplace Division pays you benefits that can be used for non-medical cancer-related expenses that health insurance might not cover.

- The policy is guaranteed renewable for life, subject to change in premiums by class.
- Benefits paid directly to you unless assigned
- Benefits paid in addition to any other coverage
- Individual or family coverage

**Would your finances survive cancer or specified disease treatments?**

<sup>1</sup> American Cancer Society, *Cancer Facts & Figures*, 2003.



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# Allstate Workplace Division's (AWD) CP10 Cancer/ Specified Disease Policies

Benefits Added to Base Policy	BASIC	ENHANCED	PREMIER
<p><b>Wellness Benefit Rider (WBR3)</b> – AWD pays the amount shown each year for each covered person for one of the following cancer screening tests: Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (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 (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); or biopsy for skin cancer. This benefit is payable only once for each covered person each calendar year. This benefit is paid regardless of the result of the test(s).</p>	\$75/year	\$100/year	\$100/year
<p><b>Cancer Initial Diagnosis Level Benefit Rider (CLR1)</b> – AWD pays a one-time benefit of the amount shown for each covered person, when a covered person is diagnosed for the first time ever as having cancer (other than skin cancer). The first diagnosis must occur after the waiting period and is payable only once for each covered person.</p>	One time \$2,000	One time \$4,000	One time \$5,000
<p><b>Hospitalization-Related Benefits</b></p>			
<p><b>Hospital Confinement</b> – AWD pays the amount shown for each day a covered person is admitted to and confined as an inpatient in a hospital up to a maximum of 70 days for each period of continuous hospital confinement (CP10B pays \$200/day and CER1 pays \$100/day per unit).</p>	\$200/day	\$300/day	\$400/day
<p><i>Extended Benefits</i> – AWD pays the hospital charges up to the amount shown for each day if continuous hospital confinement lasts more than 70 days. Paid in lieu of all other benefits.</p>		\$200/day	
<p><i>Government or Charity Hospital</i> – AWD pays the amount shown each day in lieu of all other benefits in the policy when confined to a hospital operated by or for the U.S. Government (including the Veteran's Administration) or a hospital that does not charge for the services it provides.</p>		\$100/day	
<p><b>Inpatient Drugs and Medicine</b> – AWD pays in-hospital charges up to the amount shown for each day of continuous hospital confinement.</p>		\$10/day	
<p><b>Physician's Attendance</b> – AWD pays charges up to the amount shown each day for a visit by a physician during a covered hospital confinement. Limited to one visit a day by one physician.</p>		\$30/day	
<p><b>Ambulance</b> – AWD pays charges up to the amount shown for each continuous hospital confinement for transportation by a licensed ambulance service or a hospital owned ambulance for transporting a covered person.</p>		\$200/Confinement	
<p><b>Private Duty Nursing Services</b> – AWD pays charges up to the amount shown each day while hospital confined when required and authorized by the attending physician.</p>		\$100/day	
<p><b>Transportation and Lodging Benefits</b></p>			
<p><b>Family Member Lodging and Transportation</b> – AWD pays the following benefits for one adult member of the covered person's family to be near the covered person, when a covered person is confined in a non-local hospital for specialized treatment.  <b>Lodging</b> – Cost of a single room up to amount shown for each day up to 60 days for each continuous hospital confinement.  <b>Transportation</b> – Cost of round trip coach fare on common carrier, or amount shown for each mile up to 700 miles personal vehicle allowance for each continuous hospital confinement. We do not pay this transportation benefit if the personal vehicle transportation benefit is paid under the Non-Local Transportation benefit, when the family member lives in the same city or town as the covered person.</p>		<p>1. Lodging up to \$100/day                  2. Transportation by round trip coach or \$0.40/mile personal auto</p>	
<p><b>Non-Local Transportation</b> – AWD pays the cost of round trip coach fare by common carrier or the amount shown for each mile up to 700 miles for round trip personal vehicle transportation for treatment at a hospital (inpatient or outpatient), Radiation Therapy Center, Chemotherapy or Oncology Clinic, or any other specialized freestanding treatment center nearest to the covered person's home, provided the same or similar treatment cannot be obtained locally. "Non-local" means a round trip of more than 70 miles from the covered person's home to the nearest treatment facility. Does not cover transportation for someone to accompany or visit the person receiving treatment; or visits to physician's office/clinic for services other than actual treatment.</p>		<p>Transportation by round trip coach or \$0.40/mile personal auto</p>	
<p><b>Outpatient Lodging</b> – AWD pays cost, up to the amount shown, of a single room for each day a covered person is receiving radiation or chemotherapy treatment on an outpatient basis. Limited to maximum shown each 12 month period beginning with the first day of benefit under this provision. Outpatient treatment must be received at a treatment facility more than 100 miles from the covered person's home. Must be authorized by the attending physician and cannot be obtained locally.</p>		\$100/day; Max. of \$4,000/12 mo.	
<p><b>Extended Care Benefits</b></p>			
<p><b>Hospice Care</b> – AWD pays one of the following if a covered person has been diagnosed by a physician as terminally ill and the attending physician has approved services. Payable only if home care services or admission to a freestanding hospice care center occurs within 14 days after a period of inpatient hospital confinement. <b>Freestanding Hospice Care Center</b> – Charges up to amount shown each day for confinement in a licensed freestanding hospice care center. Benefits payable for hospice care centers that are designated areas of hospitals will be paid the same as inpatient hospital confinement; or <b>Hospice Care Team</b> – Charges up to amount shown for each visit, limited to 1 visit a day, for home care services by a hospice care team. Home care services are hospice services provided in the patient's home.</p>		\$100/day or \$100/visit	

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



Extended Care Benefits (Cont.)	BASIC	ENHANCED	PREMIER
<p><b>Extended Care Facility</b> – AWD pays charges up to the amount shown for each day a covered person is confined, at the direction of the attending physician, in an extended care facility when confinement begins within 14 days after hospital confinement. Limited to the number of days of the previous continuous hospital confinement.</p>		\$100/day	
<p><b>At Home Nursing</b> – AWD pays charges up to the amount shown each day for private nursing care and attendance by a nurse at home. Must be required and authorized by the attending physician and must begin within 14 days after confinement as an inpatient in a hospital. Limited to the number of days of the previous continuous hospital confinement.</p>		\$100/day	
<b>Other Cancer/ Specified Disease Treatments Benefits</b>			
<p><b>Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy and Immunotherapy</b> – AWD pays charges up to \$10,000 each 12 month period beginning with the first day of benefit under this provision for covered treatment techniques used for the modification or destruction of cancerous tissue. CER1 increases the benefit by \$5,000 per unit each 12 month period beginning with the first day of benefit under the policy provision. CER1 pays only after the \$10,000 each 12 month limit in CP10B is reached. The 12 month period in CER1 runs concurrently with the 12 month period in CP10B. CP10B and CER1 combined pay up to the maximum shown each 12 month period.</p>	\$10,000 12 months	\$15,000 12 months	\$20,000 12 months
<p><b>Blood, Plasma and Platelets</b> – AWD pays charges up to \$10,000 each 12 month period beginning with the first day of benefit under this provision for blood, plasma, platelets and transfusions (including administration charges); processing and procurement costs; and cross matching. CER1 increases the benefit by \$5,000 per unit each 12 month period beginning with the first day of benefit under the policy provision. CER1 pays only after the \$10,000 each 12 month limit in CP10B is reached. The 12 month period in CER1 runs concurrently with the 12 month period in CP10B. CP10B and CER1 combined pay up to the maximum shown each 12 month period. Donor replaced blood is not covered.</p>	\$10,000 12 months	\$15,000 12 months	\$20,000 12 months
<p><b>New or Experimental Treatment</b> – AWD pays charges up to the maximum shown for each 12 month period beginning with the first day of treatment under this provision when the attending physician judges such treatment necessary and no other generally accepted treatment produces superior results in the opinion of the attending physician. <b>Stem cell transplants are among the many procedures covered under this benefit.</b></p>		\$10,000/12 months	
<p><b>Inpatient Surgery</b> – AWD pays surgeon's fee not to exceed the amount shown in the Schedule of Operations in the policy. Two or more procedures done at the same time through one incision are considered one operation; pays the amount shown in the Schedule of Operations for the one operation with the largest benefit. <b>The Surgeon's charge for reconstructive breast surgery is among the many surgeries covered. Assistant and co-surgeons are not covered.</b> Not payable if Outpatient Surgery Benefit paid.</p>		Max. Varies by surgery Up to \$3,000 per surgery	
<p><b>Outpatient Surgery</b> – AWD pays surgeon's fee not to exceed 150% of the amount shown in the Schedule of Operations in the policy. Two or more procedures done at the same time through one incision are considered one operation; pays 150% of the amount shown in the Schedule of Operations for the one operation with the largest benefit. <b>The Surgeon's charge for reconstructive breast surgery is among the many surgeries covered. Assistant and co-surgeons are not covered.</b> Not payable if Inpatient Surgery Benefit is paid.</p>		Max. Varies by surgery Up to \$4,500 per surgery	
<p><b>Second Surgical Opinion</b> – AWD pays charges up to the amount shown. Must be incurred after diagnosis and before surgery.</p>		\$200	
<p><b>Anesthesia</b> – AWD pays charges of an anesthetist not to exceed 25% of the amount paid for surgery. The maximum benefit paid for skin cancer is \$100.</p>		25% of surgery or \$100 if skin cancer	
<p><b>Ambulatory Surgical Center</b> – AWD pays charges up to the amount shown each day when surgery is performed at an Ambulatory Surgical Center.</p>		\$250/day	
<p><b>Physical or Speech Therapy</b> – AWD pays charges up to the amount shown each day to restore normal body function.</p>		\$25/day	
<p><b>Prosthesis</b> – AWD pays charges up to the maximum shown for each prosthetic device prescribed as a direct result of surgery for cancer or specified disease treatment and which requires surgical implantation. Limited to \$2,000 for each covered person, for each amputation.</p>		\$2,000	
<p><b>Skin Cancer</b> – AWD pays charges for removal of skin cancer up to the amount shown when a physician who is not a pathologist diagnoses it. If more than one skin cancer is removed at the same time, AWD pays the amount shown for each additional skin cancer removed. <b>Skin cancers diagnosed by a pathologist are eligible for other policy benefits.</b></p>		\$120/1st removal \$60/each additional	
<p><b>Waiver of Premium</b> – AWD pays premiums that become due after primary insured is disabled as a direct result of cancer for 90 days for as long as the primary insured remains disabled. This includes premiums for riders attached to the policy.</p>		Yes	
<b>Optional Benefit</b>			
<p><b>Hospital Intensive Care Rider (ICR2)</b> – The rider is not disease specific and pays a benefit for covered confinement for any covered illness or accident from the very first day of confinement. • AWD pays \$600/day (\$300/day at the covered person's age 70 and above) for each day of confinement in a hospital intensive care unit. Begins with the first day of admission and pays up to 45 days. For time periods less than a day (24 hours), a pro-rata share of the daily benefit is paid. • AWD pays charges for ambulance transportation to a hospital for admission to an intensive care unit for a covered confinement.</p>		\$600/day	

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



**premiums for Basic** Issue Ages: 18-64

BASE PLAN - CP10B, WBR3 (3 UNITS), CLR1 (4 UNITS)		BASE PLAN ADDING ICR2 (6 UNITS) \$600 A DAY	
Weekly		Weekly	
ind.	\$4.38	ind.	\$5.76
family	\$7.53	family	\$10.30
Monthly		Monthly	
ind.	\$18.96	ind.	\$24.95
family	\$32.62	family	\$44.61

**premiums for Enhanced** Issue Ages: 18-64

BASE PLAN - CP10B, WBR3 (4 UNITS), CLR1 (8 UNITS), CER1 (1 UNIT)		BASE PLAN ADDING ICR2 (6 UNITS) \$600 A DAY	
Weekly		Weekly	
ind.	\$5.88	ind.	\$7.26
family	\$10.22	family	\$12.99
Monthly		Monthly	
ind.	\$25.47	ind.	\$31.46
family	\$44.29	family	\$56.28

**premiums for Premier** Issue Ages: 18-64

BASE PLAN - CP10B, WBR3 (4 UNITS), CLR1 (10 UNITS), CER1 (2 UNITS)		BASE PLAN ADDING ICR2 (6 UNITS) \$600 A DAY	
Weekly		Weekly	
ind.	\$7.79	ind.	\$9.18
family	\$13.72	family	\$16.49
Monthly		Monthly	
ind.	\$33.76	ind.	\$39.75
family	\$59.43	family	\$71.42

**Eligibility/Termination**

Family Plan coverage may include you, your spouse and dependent children as defined in the policy. Coverage for dependent children terminates 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 for the insured's spouse ends upon valid decree of divorce.

**Waiting Period**

The policy and riders contain a 30-day waiting period that begins on the effective date. No benefits are payable for any covered person who has cancer or a specified disease diagnosed before coverage has been in force 30 days from the effective date, except should a covered person have cancer or a specified disease first diagnosed after signing the application and before the end of the waiting period, benefits for treatment of that cancer or specified disease will apply only to loss commencing after 2 years from the effective

date of the policy; or, at your option, you may elect to void the policy from the beginning and receive a full refund of premium, in accordance with the Notice of 30 Day Right to Examine Policy Provision.

**Exceptions and Limitations**

The policy does not pay for any loss except for losses due directly from cancer or specified disease. Diagnosis must be submitted to support each claim. The policy does not pay for any disease or incapacity that has been caused, complicated, worsened or affected by cancer or a specified disease or as a result of cancer or specified disease treatment. Treatment must be received in the United States or its territories.

**Hospice Care Team Benefit Limitation**

Food services or meals other than dietary counseling, services related to well-baby care, services provided by volunteers or support for the family after the death of the covered person are not covered.

**Hospital Intensive Care Rider (ICR2)**

**Exceptions and Limitations**

No benefits are paid if confinement is due to an attempted suicide or intentional self-inflicted injury; or intoxication or being under the influence of drugs not prescribed or recommended by a physician; or alcoholism or drug addiction. Benefits are not paid under the rider for continuous hospital intensive care unit confinements that occur during hospitalization that begins before the rider date.

**Renewability**

The policy is guaranteed renewable for life, subject to change in premiums by class. All premiums may change on a class basis. A notice is mailed in advance of any change.

*This brochure is for use in Georgia.*



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Benefits are provided by Cancer/Specified Disease Insurance policy CP10B, or state variations thereof. Wellness Benefit Rider provided by rider WBR3, or state variations thereof. Cancer Initial Diagnosis Level Benefit Rider provided by rider CLR1, or state variations thereof. Intensive Care Rider provided by rider ICR2, or state variations thereof. Cancer/Specified Disease Enhancement Rider provided by rider CER1, or state variations thereof. 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. This is a Limited Benefit Cancer and Specified Disease Policy with Optional Riders. The policy and riders are not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Workplace Division. The policy and riders are underwritten by American Heritage Life Insurance Company.

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# s.h.o.p. insurance

## 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 is 4.9 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. policy:

- Benefits paid directly to you unless assigned
- Benefits paid regardless of other coverage
- Can help you cover your deductibles
- Premium based on age at issue
- No reduction in benefits due to age
- 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. Centers for Disease Control and Prevention (CDC), 2002.



**Allstate.**

Workplace Division



# Allstate Workplace Division's S.H.O.P Policy Benefits

Base Policy Benefits (CHC)	BASIC	ENHANCED	PREMIER
<p><b>Daily Hospital Confinement Benefit</b> AWD pays 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	\$200 each day	\$300 each day
<p><b>Hospital Intensive Care Unit Benefit</b> AWD pays 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	\$200 each day	\$300 each day
<p><b>Waiver of Premium</b> After the insured has been hospital confined for 30 consecutive days, AWD waives 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><b>Initial Hospitalization Rider</b> AWD pays 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	\$1,000	\$1,500
<p><b>Inpatient Physician's Benefit Rider</b> AWD pays 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>	\$50 each day	\$100 each day	\$100 each day

Basic Package with Weekly & Monthly Premiums					
<p><b>The Basic package and premiums consist of:</b> the base S.H.O.P. policy (CHC) 2 units; Initial Hospitalization (IHR1) 2 units; Inpatient Physician's Benefit (IPBR1) 2 units; Surgery and Anesthesia (SAR1) 2 units; Outpatient Physician's Benefit (OPBR1) 2 units; Outpatient Emergency Accident Benefit (OEAR1) 2 units; At Home Nursing Benefit (AHNR) 1 unit; and Transportation Benefit (TR1) 1 unit.</p>					
Weekly	Issue Age	Ind.	Ind. & Chldrn.	Ind. & Sp.	Fam.
	18-35	\$8.17	\$16.18	\$16.34	\$22.55
	36-49	\$9.00	\$17.06	\$18.00	\$24.26
	50-59	\$10.67	\$17.47	\$21.33	\$26.33
	60-64	\$13.16	\$18.17	\$26.31	\$29.52
Monthly	Issue Age	Ind.	Ind. & Chldrn.	Ind. & Sp.	Fam.
	18-35	\$35.40	\$70.10	\$70.80	\$97.70
	36-49	\$39.00	\$73.90	\$78.00	\$105.10
	50-59	\$46.20	\$75.70	\$92.40	\$114.10
	60-64	\$57.00	\$78.70	\$114.00	\$127.90

Issue ages are 18-64.

Enhanced Package with Weekly & Monthly Premiums		
<p><b>The Enhanced package and premiums consist of:</b> the base S.H.O.P. policy (CHC) 2 units; Initial Hospitalization (IHR1) 4 units; Inpatient Physician's Benefit (IPBR1) 4 units; Surgery and Anesthesia (SAR1) 4 units; Outpatient Physician's Benefit (OPBR1) 4 units; Outpatient Emergency Accident Benefit (OEAR1) 2 units; At Home Nursing Benefit (AHNR) 1 unit; and Transportation Benefit (TR1) 1 unit.</p>		
Weekly	Issue Age	Ind.
	18-35	\$14.50
	36-49	\$16.11
	50-59	\$19.39
	60-64	\$24.33
Monthly	Issue Age	Ind.
	18-35	\$62.00
	36-49	\$69.80
	50-59	\$84.00
	60-64	\$105.40

Issue ages are 18-64.

## Additional Riders Included With The Base Policy

### Surgery and Anesthesia Rider

■ **Surgical Benefit** - AWD pays 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** - 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.

### Outpatient Physician's Benefit Rider

AWD pays the amount shown for the Outpatient Physician's Benefit when a covered person is treated by a 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.

### Outpatient Emergency Accident Rider

AWD pays 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.

### At Home Nursing Benefit Rider

AWD pays 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.

### Transportation Rider

■ **Ambulance Benefit** - AWD pays 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** - AWD pays 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.

	BASIC	ENHANCED	PREMIER
Surgery and Anesthesia Rider	\$20-\$500 depending on surgery	\$40-\$1,000 depending on surgery	\$40-\$1,000 depending on surgery
Anesthesia Benefit	25% surgical benefit	25% surgical benefit	25% surgical benefit
Outpatient Physician's Benefit Rider	\$50 each occurrence	\$75 each occurrence	\$75 each occurrence
Outpatient Emergency Accident Rider	\$100 each occurrence	\$100 each occurrence	\$100 each occurrence
At Home Nursing Benefit Rider	\$50 each day	\$50 each day	\$50 each day
Ambulance Benefit	\$100 each occurrence	\$100 each occurrence	\$100 each occurrence
Non-Local Transportation Benefit	\$200 each trip	\$200 each trip	\$200 each trip

## Monthly Premiums

Consist of: the base S.H.O.P. policy (CHC) 4 units; Outpatient Physician's Benefit (IPBR1) 4 units; Surgery and Anesthesia (SAR1) 4 units; Outpatient Emergency Accident Benefit (OEAR1) 2 units; At Home Nursing Benefit (AHNR) 1 unit; and Transportation Benefit (TR1) 1 unit.

Ind. & Chldrn.	Ind. & Sp.	Fam.
\$27.40	\$28.99	\$39.19
\$29.10	\$32.22	\$42.51
\$29.89	\$38.77	\$46.57
\$31.23	\$48.65	\$52.85
Ind. & Chldrn.	Ind. & Sp.	Fam.
\$116.70	\$125.60	\$169.80
\$121.00	\$139.60	\$184.20
\$129.50	\$168.00	\$201.80
\$135.30	\$210.80	\$229.00

## Premier Package with Weekly & Monthly Premiums

The Premier package and premiums consist of: the base S.H.O.P. policy (CHC) 6 units; Initial Hospitalization (IHR1) 6 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.

Weekly	Issue Age	Ind.	Ind. & Chldrn.	Ind. & Sp.	Fam.
	18-35	\$18.37	\$34.09	\$36.74	\$49.76
	36-49	\$20.50	\$36.26	\$40.99	\$54.05
	50-59	\$24.93	\$37.23	\$49.85	\$59.45
	60-64	\$31.57	\$38.98	\$63.14	\$67.85
Monthly	Issue Age	Ind.	Ind. & Chldrn.	Ind. & Sp.	Fam.
	18-35	\$79.60	\$147.70	\$159.20	\$215.60
	36-49	\$88.80	\$157.10	\$177.60	\$234.20
	50-59	\$108.00	\$161.30	\$216.00	\$257.60
	60-64	\$136.80	\$168.90	\$273.60	\$294.00

Issue ages are 18-64.

### Service and Treatment Conditions

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.

### 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. 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).

### 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 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 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.

The exclusions and other limitations provision of the policy apply to all riders. The policy is Limited Benefit Supplemental Health Insurance.

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 the Medicare Supplement Buyer's Guide available from Allstate Workplace Division.

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.



**Allstate**

Workplace Division

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

**Rev. 7/04.** 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.

Allstate Workplace Division is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a wholly-owned subsidiary of The Allstate Corporation. ©2004 American Heritage Life Insurance Company

www.allstate.com or ahicorp.com

# Are you protected from life's accidents?

There are things that you or your family do daily that may lead to an accidental injury.



SPORTS



TRAVEL



SCHOOL



VACATION

## Accident Insurance

Helps cover costs associated with injury treatments

Accident coverage from Allstate Benefits provides cash benefits for either on- or off-the-job (AP2) or off-the-job only (AP3) accidental injuries, and can help cover the costs associated with injury treatments.

THE POLICIES ARE NOT POLICIES OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THESE POLICIES, 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 NOTIFICATION THAT MUST BE FILED AND POSTED - TX only.



**Allstate**  
BENEFITS





# accident

Unexpected accidents can also mean unexpected out-of-pocket expenses. Hospital stays, medical or surgical treatments, dislocations or fractures, and transportation by air or ground ambulance can add up quickly and be very costly. Our coverage can help with some of these expenses so your finances can remain healthy.

Accident coverage can help offer peace of mind when you are injured and seek medical treatment. Below is an example of how benefits might be paid.\*



**John Chooses Accident Coverage** from the plan offerings



2 months later John is involved in a car accident, suffers injuries and is taken to the hospital by ambulance

### Services In and Out of the Hospital

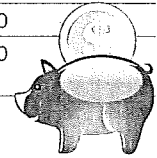
**In Hospital:** John undergoes surgery to repair a fracture to his skull, receives stitches for lacerations, and is visited by a doctor during a 2-day stay in the hospital.

**Out of Hospital:** A family member drives John for 2 follow-up visits with his doctor.

Our accident policy paid in addition to medical benefits:

Air Ambulance Service	\$ 200
Medical Expenses	\$ 250
Hospital Confinement	\$ 200
Dislocation or Fracture	\$ 1,900
Outpatient Physician's Treatment Benefit Rider	\$ 100

**Total Benefits: \$2,650\***



\*The example shown may vary from your plan. Your individual experience may also vary. Please see pages 2a and 2b for your plan details.

## meeting your needs

Our coverage can help provide financial support when an on- or off-the-job (AP2) or off-the-job only (AP3) accidental injury occurs.

Here's what you get:

- Coverage is available for you or your entire family
- Benefits paid directly to you, unless assigned to someone else
- Pays in addition to insurance you may already have
- Affordable premiums
- Coverage can be enhanced by the addition of rider benefits

## your benefit coverage†

Accidental Death and Dismemberment – Pays a benefit for accidental death or dismemberment.

Dislocation or Fracture – Pays a benefit for dislocation or fracture.

Medical Expenses – Pays a benefit for medical expenses.

Ambulance – Pays a benefit for ambulance service to or from a hospital.

Hospital Confinement – Pays a benefit when you are confined in a hospital, up to 365 days.\*\*

Disability (Primary Insured Only) – Pays a benefit if you are totally disabled for 3 full days. Pays for one disability at a time up to 12 months\* (see definition page 3).

### OPTIONAL RIDERS

Sickness Disability Income Rider (Primary Insured Only) – Pays a benefit after being totally disabled for 7 full days and for up to 6 months (see definition page 3).

Outpatient Physician's Treatment Benefit Rider – Pays a benefit for treatment by a physician outside of a hospital for any reason.

\*Maximum policy benefit 6 months. The Accident Extended Benefit Rider increases the maximum benefit period by 6 months and pays only after the policy benefit is used.

\*\*Policy pays for days 1 through 90 and the Accident Extended Benefit Rider pays for days 91 through 365.

†Benefit amounts are shown on pages 2a and/or 2b.

See page 3 for limits and conditions and pages 4 and 5 for state variations.





## on- and off-the-job accident

Portable coverage. If you leave your job you can take the coverage with you.

Listed below are benefits and amounts associated with the benefits described in the brochure.

ACCIDENT BENEFITS*		BASIC	ENHANCED	PREMIER	
Accidental Death and Dismemberment <sup>1</sup> (common carrier pays 3Xs the benefits listed)	Employee	\$20,000	\$40,000	\$60,000	<sup>1</sup> up to amount shown; see Injury Benefit Schedule. Multiple losses from same injury pay only up to amount shown.
	Spouse	\$10,000	\$20,000	\$30,000	
	Child(ren)	\$5,000	\$10,000	\$15,000	
Dislocation or Fracture <sup>1</sup>	Employee	\$2,000	\$4,000	\$6,000	<sup>2</sup> up to maximum shown/covered person/accident
	Spouse	\$1,000	\$2,000	\$3,000	
	Child(ren)	\$500	\$1,000	\$1,500	
Medical Expenses <sup>2</sup>		\$250	\$500	\$750	<sup>3</sup> payable up to 90 days per accident; AP2EXT pays for days 91 - 365
Ambulance	Ground	\$100	\$200	\$300	
	Air	\$200	\$400	\$600	
Hospital Confinement <sup>3</sup> (daily)		\$100	\$200	\$300	<sup>4</sup> payable up to 6 months; AP2EXT increases benefit period an additional 6 months
Disability <sup>**4</sup> (per month)		\$600	\$1,200	\$1,800	
OPTIONAL RIDER COVERAGE		BASIC+	ENHANCED+	PREMIER+	<sup>5</sup> 2 visits/year or 4 visits/year family
Sickness Disability Income <sup>**</sup> (per month)		\$600	\$1,200	\$1,800	* amounts shown are per accident/covered person unless otherwise noted
OPTIONAL RIDER COVERAGE		BASIC++	ENHANCED++	PREMIER++	<b>** Primary Insured only</b>
Outpatient Physician's Treatment Benefit <sup>5</sup> (per visit)		\$50	\$100	\$150	

## injury benefit schedule

Benefit amounts for coverage and one occurrence are shown below.  
Covered spouse gets 50% of the amounts shown and children 25%.

LOSS OF LIFE OR LIMB	BASIC	ENHANCED	PREMIER
Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$20,000	\$40,000	\$60,000
One eye, hand, arm, foot, or leg	\$10,000	\$20,000	\$30,000
One or more entire toes	\$1,000	\$2,000	\$3,000
One or more entire fingers	\$800	\$1,600	\$2,400
COMPLETE DISLOCATION	BASIC	ENHANCED	PREMIER
Hip joint	\$2,000	\$4,000	\$6,000
Knee or ankle joint*, bone or bones of the foot*	\$800	\$1,600	\$2,400
Wrist joint	\$700	\$1,400	\$2,100
Elbow joint	\$600	\$1,200	\$1,800
Shoulder joint	\$400	\$800	\$1,200
Bone or bones of the hand*, collarbone	\$300	\$600	\$900
Two or more fingers or toes	\$140	\$280	\$420
One finger or toe	\$60	\$120	\$180
COMPLETE, SIMPLE OR CLOSED FRACTURE	BASIC	ENHANCED	PREMIER
Hip, thigh (femur), pelvis <sup>**</sup>	\$2,000	\$4,000	\$6,000
Skull <sup>**</sup>	\$1,900	\$3,800	\$5,700
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$1,100	\$2,200	\$3,300
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$800	\$1,600	\$2,400
Foot <sup>**</sup> , hand or wrist <sup>**</sup>	\$700	\$1,400	\$2,100
Lower jaw <sup>**</sup>	\$400	\$800	\$1,200
Two or more ribs, fingers or toes, bones of face or nose	\$300	\$600	\$900
One rib, finger or toe, coccyx	\$140	\$280	\$420

\*Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). \*\*Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).



## premiums detailed

### BASIC

MODE	PLAN	EMPLOYEE	FAMILY
Weekly	BASIC	\$5.74	\$9.39
Monthly	BASIC	\$24.86	\$40.66
Weekly	BASIC+*	\$9.53	\$13.18 <sup>^</sup>
Monthly	BASIC+*	\$41.30	\$57.10 <sup>^</sup>
Weekly	BASIC+**	\$11.38	\$17.01 <sup>^</sup>
Monthly	BASIC+**	\$49.30	\$73.70 <sup>^</sup>

Issue Ages: 18-64

### ENHANCED

MODE	PLAN	EMPLOYEE	FAMILY
Weekly	ENHANCED	\$11.00	\$18.29
Monthly	ENHANCED	\$47.63	\$79.23
Weekly	ENHANCED+*	\$18.58	\$25.88 <sup>^</sup>
Monthly	ENHANCED+*	\$80.51	\$112.11 <sup>^</sup>
Weekly	ENHANCED+**	\$22.28	\$33.54 <sup>^</sup>
Monthly	ENHANCED+**	\$96.51	\$145.31 <sup>^</sup>

Issue Ages: 18-64

### PREMIER

MODE	PLAN	EMPLOYEE	FAMILY
Weekly	PREMIER	\$16.25	\$27.19
Monthly	PREMIER	\$70.39	\$117.79
Weekly	PREMIER+*	\$27.63	\$38.57 <sup>^</sup>
Monthly	PREMIER+*	\$119.71	\$167.11 <sup>^</sup>
Weekly	PREMIER+**	\$33.17	\$50.06 <sup>^</sup>
Monthly	PREMIER+**	\$143.71	\$216.91 <sup>^</sup>

Issue Ages: 18-64

<sup>^</sup> Only the primary insured is covered under the Sickness Disability Income Rider.

\* adds Sickness Disability Income Rider

\*\* adds Sickness Disability Income Rider and Outpatient Physician's Treatment Benefit Rider

This insert is for use in: AL, AR, GA, LA, MS, TX, VI

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