



**What if you suffered from a heart attack or a stroke...**

could you pay for your out-of-pocket treatment expenses, plus cover daily living expenses?



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PRESCRIPTIONS

## Heart/Stroke Insurance

Helps cover costs associated with heart attack, stroke, or heart disease

No one likes to think about getting heart disease. While you may not be able to prevent the disease, HeartCare Plus and HeartCare Direct (HSP2) from Allstate Benefits can help protect you and your family from its costs.

THE POLICY IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, 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**

# heart/stroke

It's probably crossed your mind that you or your family may need treatment some day for heart disease or stroke. And you may have thought about the ways it would affect your life and your loved ones. But have you considered how cardiovascular diseases could impact your financial security?

Heart/Stroke coverage can help offer peace of mind if you have a heart attack, stroke, or are diagnosed with heart disease. Below is an example of how benefits might be paid.<sup>†</sup>

 <p>Jane chooses benefit coverage from the <b>Plan Benefits Offered</b></p>	<p>A physician in the emergency room runs several heart-related tests, and the results show she needs an angioplasty and pacemaker surgery. Jane is admitted for a 3-day hospital stay, she is seen by her physician and receives private nursing services.</p>	<p>Our insurance policy paid Jane the following:</p> <table border="1"><tr><td>Ambulance</td><td>\$ 100.00</td></tr><tr><td>Hospital Confinement</td><td>\$ 300.00</td></tr><tr><td>Physician's Attendance</td><td>\$ 37.50</td></tr><tr><td>Coronary Angioplasty</td><td>\$ 375.00</td></tr><tr><td>Pacemaker Insertion</td><td>\$ 500.00</td></tr><tr><td>Private Duty Nursing</td><td>\$ 150.00</td></tr></table> <p><b>Total Benefits: \$1,462.50</b></p> 	Ambulance	\$ 100.00	Hospital Confinement	\$ 300.00	Physician's Attendance	\$ 37.50	Coronary Angioplasty	\$ 375.00	Pacemaker Insertion	\$ 500.00	Private Duty Nursing	\$ 150.00
Ambulance	\$ 100.00													
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Pacemaker Insertion	\$ 500.00													
Private Duty Nursing	\$ 150.00													
 <p>Jane suffers a mild heart attack and is taken to the hospital by ambulance.</p>	<p>Jane's prognosis is good and she is expected to make a full recovery.</p>													

<sup>†</sup>The example shown may vary from the plan your employer is offering. Your individual experience may also vary. Please see pages 2a and/or 2b for your plan details.

## meeting your needs

Our coverage can help provide financial support when a heart attack, heart disease or stroke occurs.

Here's what you get:

- Pays you benefits that can be used for non-medical expenses that health insurance might not cover
- Benefits are paid as you go to help cover the costs of specific treatments and expenses as they happen
- Supplemental coverage; it pays in addition to other insurance you may have, such as medical and disability
- Guaranteed renewable for life, subject to change in premiums by class
- Coverage for yourself or your entire family

## your benefit coverage<sup>††</sup>

### HOSPITALIZATION AND RELATED BENEFITS

**Hospital Confinement** - Pays a daily benefit for inpatient confinement due to heart attack, heart disease or stroke.

**Physician's Attendance** - Pays a daily benefit for one inpatient visit.

**Inpatient Drugs and Medicine** - Pays a daily benefit for inpatient drugs and medicine.

**Private Duty Nursing Services\*** - Pays a daily benefit when receiving physician-authorized inpatient private nursing services.

**Physiotherapy\*** - Pays a benefit for physiotherapy by a licensed physical therapist during a covered hospital stay.

**Oxygen\*\*** - Pays a benefit for oxygen equipment during a covered hospital stay.

**Cardiograms\*\*** - Pays a benefit for an electro, echo, phono, or vectorcardiogram required during a covered hospital stay.

**Cerebral or Carotid Angiogram\*\*** - Pays a benefit for a cerebral or carotid angiogram required during a covered hospital stay.

\*Maximum of 60 days per confinement.

\*\*Maximum of 1 payment per confinement.

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

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

Heart Disease tests  
covered



You're admitted  
to the hospital



Cardiogram  
tests received



You get paid  
a cash benefit

## SURGERY AND RELATED BENEFITS

**Blood, Plasma and Platelets\*\*** - Pays a benefit for blood, plasma, or platelets during a covered hospital stay.

**Cardiac Catheterization** - Pays a benefit for a cardiac catheterization.

**Pacemaker Insertion** - Pays a benefit for the initial insertion of a permanent pacemaker.

**Thromboendarterectomy** - Pays a benefit for a thromboendarterectomy.

**Heart Transplant** - Pays a benefit for the implantation of a natural human heart. Payable once per covered person.

**Coronary Angioplasty** - Pays a benefit for a coronary angioplasty, regardless of the number of blood vessels repaired during the procedure.

**Coronary Artery Bypass Graft Operation** - Pays a benefit for a coronary artery bypass graft, regardless of the number of grafts performed during the operation.

**Second Surgical Opinion** - Pays a benefit for a second opinion.

**Surgery and Anesthesia** - 1. Surgery - Pays a benefit for an inpatient or outpatient operation listed in the Policy Surgical Schedule. 2. Anesthesia - Pays 25% of surgery benefit. 3. Ambulatory Surgical Center - Pays when surgery benefit is paid for surgery at an ambulatory surgical center. These benefits do not pay for surgeries covered by other benefits.

## TRANSPORTATION AND LODGING BENEFITS

**Ambulance** - Pays a benefit for transfer to or from a hospital.

**Non-Local Transportation\*\*** - Pays a benefit for transportation for physician-prescribed treatment not available locally (more than 100 miles from home).

**Family Member Lodging\* and Transportation\*\*** - Pays a benefit for lodging and transportation for one adult family member to accompany you when you have physician-prescribed treatment at a hospital or treatment center more than 100 miles from the family member's home.

## POLICY SPECIFICATIONS

Please read your policy carefully. This section details some specifics of the policy.

**Renewability** - The policy is guaranteed renewable for life, subject to change in premiums by class.

**Eligibility/Termination** - (a) Family coverage may include you, your spouse and children under age 26. Spouse coverage ends upon divorce or your death. (b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

**Exclusions and Limitations** - (a) The policy pays benefits only for heart attack, heart disease or stroke. (b) The policy does not cover any other disease or sickness or incapacity even though caused, complicated or otherwise affected by heart attack, heart disease or stroke. (c) If a covered confinement is due to more than one covered condition, benefits are paid as though the confinement was due to one condition.

**Pre-Existing Condition Limitation** - (a) We do not pay benefits for pre-existing conditions during the 12-month period beginning on each covered person's effective date. (b) 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; or medical advice or treatment was recommended by or received from a doctor within the 1-year period before the effective date.

## STATE VARIATIONS

**Arkansas** (change affects page 3) - In the **Exclusions and Limitations**, item (b) is deleted.

**Florida** (change affects page 3) - In the **Pre-Existing Condition Limitation**, item (b) is replaced with: 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; or medical advice, diagnosis, care, or treatment was recommended by or received from a doctor within the 1-year period before the application date.

\*Maximum of 60 days per confinement.

\*\*Maximum of 1 payment per confinement.

**Louisiana** (change affects page 3) - In the **Pre-Existing Condition Limitation** the following is added: We waive this time limit to the extent of replaced or existing coverage, as long as there are not more than 60 days between coverage.

**Mississippi** (change affects page 3) - In the **Pre-Existing Condition Limitation**, item (b) is replaced with: A Pre-Existing Condition is the existence of symptoms which would cause a prudent person to seek diagnosis, care or treatment within the 1-year period before the effective date or a condition for which medical advice or treatment was recommended by or received from a doctor within the 1-year period before the effective date.

**New Mexico** (changes affect page 3) - In the **Pre-Existing Condition Limitation**, item (a) is replaced with: We do not pay benefits for pre-existing conditions during the 6-month period beginning on each covered person's effective date. Item (b) is replaced with: A pre-existing condition is the existence of symptoms within a 6-month period before the effective date in such a manner as would cause an ordinarily prudent person to seek diagnosis, care or treatment; or medical advice or treatment was recommended by or received from a physician within the 6-month period before the effective date.

**Texas** (change affects page 3) - In the **Pre-Existing Condition Limitation**, item (b) is replaced with: A Pre-Existing Condition is the existence of symptoms which would cause a prudent person to seek diagnosis, care or treatment within the 1-year period before the effective date or a condition for which medical advice or treatment was recommended by or received from a doctor within the 1-year period before the effective date.

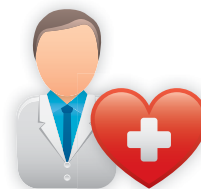


# EMERGENCY

## Don't wait for a sign...

A heart attack or stroke can happen unexpectedly and can be costly, especially if you are financially unprepared. Your current medical coverage will help pay for expenses associated with a heart attack or stroke, but won't cover all of the out-of-pocket expenses you may face. Don't wait until you are rushed to the emergency room to realize you need more protection.

Start thinking about the future of your finances today and plan for emergencies that might come your way. You can rely on our insurance to help provide the financial assistance you need, when you need it most, so you can focus on the challenges of recovery.



If you suffer a heart attack or stroke, would you be able to handle the extra expenses associated with your recovery?

**It's never too early to prepare for the future.**

**This material is valid as long as information remains current, but in no event later than February 15, 2016.** Policy benefits provided by policy form HSP2, or state variations thereof.

**The policy provides supplemental, limited benefit insurance.** The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. The policy sets forth, in detail, the rights and obligations of both the insured and the insurance company.

This brochure highlights some features of the policy but is not the insurance contract. For complete details, contact your Insurance Agent, or call [1-800-521-3535](tel:1-800-521-3535). Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

This brochure is for use in: AL, AR, FL, LA, MS, NM, PR, TX, VI.



**Allstate**<sup>®</sup>  
**BENEFITS**

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# heart/stroke

## HeartCare Plus

<b>HOSPITALIZATION AND RELATED BENEFITS</b>	<b>LOW PLAN</b>	<b>HIGH PLAN</b>
Hospital Confinement (daily)	\$100	\$200
Physician's Attendance (daily)	\$12.50	\$25
Inpatient Drugs and Medicine (daily)	\$12.50	\$25
Private Duty Nursing Services (daily)	\$50	\$100
Physiotherapy (daily)	\$25	\$50
Oxygen	\$100	\$200
Cardiograms	\$50	\$100
Cerebral or Carotid Angiogram	\$75	\$150
<b>SURGERY AND RELATED BENEFITS</b>	<b>LOW PLAN</b>	<b>HIGH PLAN</b>
Blood, Plasma and Platelets	\$100	\$200
Cardiac Catheterization	\$250	\$500
Pacemaker Insertion	\$500	\$1,000
Thromboendarterectomy	\$1,250	\$2,500
Heart Transplant	\$50,000	\$100,000
Coronary Angioplasty	\$375	\$750
Coronary Artery Bypass Graft Operation	\$1,250	\$2,500
Second Surgical Opinion	\$50	\$100
Surgery and Anesthesia		
1. Surgery	1. \$2,500 max.	1. \$5,000 max.
2. Anesthesia	2. 25%	2. 25%
3. Ambulatory Surgical Center	3. \$125	3. \$250
<b>TRANSPORTATION AND LODGING BENEFITS</b>	<b>LOW PLAN</b>	<b>HIGH PLAN</b>
Ambulance		
Non-Air Ambulance	\$100	\$200
Air Ambulance	\$200	\$400
Non-Local Transportation	\$100	\$200
Family Member Lodging (daily)	\$25	\$50
Family Member Transportation	\$100	\$200

## premiums

<b>MODE</b>	<b>PLAN</b>	<b>EMPLOYEE</b>	<b>FAMILY</b>
Weekly	Low	\$2.08	\$4.00
Monthly	Low	\$8.98	\$17.32
Weekly	High	\$4.15	\$8.00
Monthly	High	\$17.96	\$34.64

Issue Ages: 18-64



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