

S.H.O.P. insurance

Supplemental Health Options Policy

Because you work hard for your family, it makes sense to be sure they will receive the health care they need. This supplemental health insurance can help out. It gives you:

- Coverage for hospital stays
- Coverage for intensive care
- First day coverage for both accident and sickness

why it makes sense

Having health insurance can help protect your hard-earned savings. The Supplemental Health Options Policy (S.H.O.P.) can help you cover some of the costs associated with hospital care. So you can help protect your future, as well as your family's, with this important coverage.

Health insurance is a good way to help pay costs of medical treatments that may be necessary, but most plans offered today don't pay all the costs if your treatment requires an extended stay in the hospital.

The average length of stay in a hospital is five days.¹

Think about protecting yourself and your family. Even just a couple of days in the hospital could be costly to you. Lost income, medicines and therapies can quickly add up.

S.H.O.P. Insurance Might Be Right For You If:

- You have children
- You want to supplement your health insurance coverage
- You want a flexible policy that can change with your needs
- You have little or no savings and spending time in the hospital could cause a major financial burden to your family.

What You Get

- Benefits paid directly to you unless your benefits are assigned to someone else
- Benefits paid regardless of your other coverage
- Competitively priced coverage you can choose to match your budget
- Additional riders included with the packages:
Initial Hospitalization, Surgery and Anesthesia, Inpatient Physician's Benefit, Outpatient Physician's Benefit, Outpatient Emergency Accident (Platinum Plan only), Transportation and At Home Nursing.

How It Works

Because each person's medical needs are not the same, we pre-packaged three variations of the S.H.O.P. policy to help you choose a plan that meets you and your family's specific medical needs.

Each pre-packaged policy consists of a base policy which includes: a daily hospital confinement benefit, hospital intensive care unit benefit, ambulatory surgery benefit and waiver of premium benefit. Additional riders are included with each plan and may vary in coverage limits as well as number of riders included.

The Silver Plan

Includes the base policy and six additional riders which provide you with coverage limits at the lowest premium.

The Gold Plan

Includes the base policy and six additional riders which provide you with coverage limits at a lower premium than the Platinum Plan.

The Platinum Plan

Includes the base policy and seven additional riders which provides you with greater coverage limits.

1. Centers for Disease Control and Prevention (CDC), 1999.

how it works

EXPLANATION OF BENEFITS	SILVER:	GOLD:	PLATINUM:
<p>Base Policy (CHC)</p> <p>Daily Hospital Confinement Benefit Daily Hospital Confinement Benefit subject to a maximum of 365 days for each period of continuous hospital confinement.</p> <p>Hospital Intensive Care Unit Benefit Hospital Intensive Care Unit Benefit is paid for each day a covered person is confined to a hospital intensive care unit, provided a benefit is also paid under the 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> <p>Waiver of Premium After the insured has been hospital confined for 30 consecutive days, we waive premiums due on the policy and all riders attached to the policy during the insured's continued hospital confinement. Once the hospital confinement ends, premium payments must begin again.</p> <p>Ambulatory Surgery Benefit Pays the amount shown when a covered person has an outpatient surgical procedure performed in an ambulatory surgical center as defined. An outpatient surgical procedure means surgery performed in an operating room that is part of an ambulatory surgical center and the covered person is admitted to that center for a period of less than 24 hours.</p>			
<p>ADDITIONAL RIDERS ADDED TO BASE POLICY</p>			
<p>Initial Hospitalization Rider Initial Hospitalization Benefit pays the amount shown on the first continuous hospital confinement to a hospital during a calendar year, provided a benefit is paid under the Hospital Confinement Benefit in the policy. This benefit is payable only once each covered person, for each continuous hospital confinement, and each calendar year.</p>	\$750	\$1,125	\$1,500
<p>Outpatient Emergency Accident Rider Outpatient Emergency Accident Benefit pays the amount shown 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	\$150 each occurrence

ADDITIONAL RIDERS ADDED TO BASE POLICY	SILVER:	GOLD:	PLATINUM:
<p><i>Surgery and Anesthesia Rider</i></p> <p><i>Surgical Benefit</i> - 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 is considered one operation. We pay the amount shown in the Schedule of Operations (see page 2 of the Rider) 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.</p> <p><i>Anesthesia Benefit</i> - Pays 30% of surgical benefit for anesthesia received by a covered person during the course of a covered surgical operation.</p>	\$45-\$1,125 depending on surgery	\$60- \$1,500 depending on surgery	\$60 - \$1,500 depending on surgery
<p><i>Inpatient Physician's Benefit Rider</i></p> <p>Inpatient Physician's Benefit pays the amount shown 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 Hospital Confinement Benefit in the policy is payable.</p>	\$112.50 each day	\$150 each day	\$150 each day
<p><i>Outpatient Physician's Benefit Rider</i></p> <p>Outpatient Physician's Benefit pays the amount shown 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>	\$75 each occurrence	\$112.50 each occurrence	\$112.50 each occurrence
<p><i>Transportation Rider</i></p> <ul style="list-style-type: none"> ■ Ambulance Benefit - Pays the amount shown for transfer by a licensed ambulance service or hospital owned ambulance (\$300 if air ambulance) to a hospital or emergency treatment center. This benefit is limited to a maximum of 3 trips for each covered person, each calendar year. ■ Non-Local Transportation Benefit - Pays the amount shown when a covered person requires hospital confinement for treatment prescribed by the local attending physician that cannot be obtained locally within a 100 mile radius of the home of the covered person. This benefit is limited to 3 trips for each covered person, each calendar year. 	\$150 each occurrence	\$150 each occurrence	\$150 each occurrence
	\$300 each trip	\$300 each trip	\$300 each trip
<p><i>At Home Nursing Benefit Rider</i></p> <p>At Home Nursing Benefit pays the amount shown when 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 45 visits within the 60 days following a covered hospital confinement.</p>	\$75 each day	\$75 each day	\$75 each day

The Silver package and monthly premiums consist of: the base SHOP policy (CHC) 2 units; Initial Hospitalization (IHR1) 2 units; Surgery and Anesthesia (SAR1) 3 units; Inpatient Physician's Benefit (IPBR1) 3 units; Outpatient Physician's Benefit (OPBR1) 2 units; Transportation Benefit (TR1) 1 unit and At Home Nursing Benefit (AHNR1) 1 unit. **Issue ages are 18-64.**

Monthly Premiums

COVERAGE	18-35	36-49	50-59	60-64
individual	\$35.70	\$39.90	\$48.10	\$60.50
individual & children	\$63.80	\$68.40	\$70.60	\$74.10
individual & spouse	\$71.40	\$79.80	\$96.20	\$121.00
family	\$91.70	\$100.50	\$110.90	\$126.80

The Gold package and monthly premiums consist of: the base SHOP policy (CHC) 3 units; Initial Hospitalization (IHR1) 3 units; Surgery and Anesthesia (SAR1) 4 units; Inpatient Physician's Benefit (IPBR1) 4 units; Outpatient Physician's Benefit (OPBR1) 3 units; Transportation Benefit (TR1) 1 unit and At Home Nursing Benefit (AHNR1) 1 unit. **Issue ages are 18-64.**

Monthly Premiums

COVERAGE	18-35	36-49	50-59	60-64
individual	\$51.40	\$57.30	\$69.00	\$86.70
individual & children	\$92.20	\$98.60	\$101.60	\$106.50
individual & spouse	\$102.80	\$114.60	\$138.00	\$173.40
family	\$131.90	\$144.20	\$158.90	\$181.50

The Platinum package and monthly premiums consist of: the base SHOP policy (CHC) 4 units; Initial Hospitalization (IHR1) 4 units; Outpatient Emergency Accident (OEAR1) 2 units; Surgery and Anesthesia (SAR1) 4 units; Inpatient Physician's Benefit (IPBR1) 4 units; Outpatient Physician's Benefit (OPBR1) 3 units; Transportation Benefit (TR1) 1 unit and At Home Nursing Benefit (AHNR1) 1 unit. **Issue ages are 18-64.**

Monthly Premiums

COVERAGE	18-35	36-49	50-59	60-64
individual	\$62.80	\$69.80	\$84.00	\$105.40
individual & children	\$118.70	\$126.10	\$129.50	\$135.30
individual & spouse	\$125.60	\$139.60	\$168.00	\$210.80
family	\$169.80	\$184.20	\$201.80	\$229.00

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.

Renewability

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 of 31 days is granted for payment of each premium after the first premium. The policy remains in force during the grace period. The policy terminates on the first premium due date on or after the insured becomes age 65. 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 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, 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. The policy does not cover pre-existing conditions during the first 12 months. The policy is a Florida policy whose rule concerning denials of claims based upon pre-existing conditions is found in Rule 4-37.005(5) of the Florida Regulations. The following is the substance of Rule 4-37.005(5) as it applies to the policy. Pre-existing Conditions. Coverage

under the policy is not applicable to pre-existing conditions. Coverage pertains solely to hospital confinement resulting from accidental bodily injuries occurring after the effective date of coverage, or sickness limited to those which first manifest themselves subsequent to the effective date of coverage.

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; or participation in riot, insurrection or rebellion; or an attempted suicide or intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed or recommended by 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 or which has been excluded.

The exclusions and other limitations provisions of the policy apply to all riders. 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 Medicare Supplement Buyer's Guide available from Allstate Financial Workplace Division.

You're In Good Hands®

For over 70 years, millions of Americans have been counting on Allstate to protect them from the unexpected. And it's not just because we're one of the nation's largest insurance companies. Or that we get excellent ratings from independent agencies like Standard & Poor's, Moody's and A.M. Best. It's because we take the time to understand our customers' concerns and advise them on what's best for them. To us, relationships with our customers are our biggest asset.



This brochure is for use in Florida.

Benefits provided by policy form CHC, or state variations thereof. Initial Hospitalization Rider provided by rider form IHR1, or state variations thereof. Surgery and Anesthesia Rider provided by rider form SAR1, or state variations thereof. Inpatient Physician's Benefit Rider provided by rider form IPBR1, or state variations thereof. Outpatient Physician's Benefit Rider provided by rider form OPBR1, or state variations thereof. Outpatient Emergency Accident Benefit Rider provided by rider form OEAR1, or state variations thereof. At Home Nursing Rider provided by rider for AHNR1, or state variations thereof. Transportation Rider provided by rider form TR1, or state variations thereof. Underwritten by American Heritage Life Insurance Company. This brochure highlights some features of the policy and riders but is not the insurance contract. Only the actual policy and rider provisions control. The policy and riders set forth, in detail, the rights and obligations of both the insured and the insurance company. The policy and optional riders are not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Financial.

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