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Allstate at Work®

AHL minimedical®

Employer Guide

Offering employees the right medical benefits to fit their needs is what most employers are looking for, and Allstate Workplace Division (AWD) has designed the AHL minimedical® plan with the benefits they need.

Components include:

- Medical Expense Insurance
- PPO Savings
- Prescription Drug Benefits and Discount Program
- Accidental Death and Dismemberment Insurance

Other options include:

- Voluntary Dental Insurance
- Voluntary Term Life Insurance
- Voluntary Short Term Disability Insurance
- Voluntary Accident Insurance
- Voluntary Critical Illness Insurance



Allstate®

Workplace Division

contents

Why It Makes Sense	2
Overview	3-4
Sample Turnover Costs	5
Standard Plan Designs With a PPO Network	6
Standard Plan Designs Without a PPO Network	7
Plan Benefits	8
Accidental Death & Dismemberment	9
Buy-up Options	10-15
Answers to FAQ's	16-17
Medical Expense Insurance	18-20
Special Provisions for Medical Expense Insurance	21
Exclusions and Limitations	22-26



why it makes sense

Finding reliable entry-level workers is hard enough. Keeping them is going to take more than a slightly higher hourly wage. **A study by the Society of Human Resource Management showed that health care benefits rank as the #1 most effective employee retention tool, even higher than salary.¹** However, many companies cannot afford to pay for unlimited health insurance for their hourly or entry-level employees.

AHL minimedical® is the solution. It's a fast and easy way to improve recruiting results and break the costly turnover cycle that drags down company performance. AHL minimedical® is a scaled down health plan with annual limits that keep it affordable. It gives employees access to professional medical care, keeping them healthy and at work.

AHL minimedical® sets a standard for limited medical plans. It is a guarantee-issue, true group health plan that operates like traditional health insurance, but without the hassle of networks. This makes it easy for your employees to use, and easy for you to administer. AHL minimedical® can help you attract new hires, reduce turnover and build a better bond with your employees, so your business can run at its maximum potential.

AHL minimedical® is available only through the workplace, which makes it a powerful recruiting tool. Your workers can now have access to quality health benefits backed by a top rated insurance company. You can decide the amount of premium employees will contribute: 100%, 0%, or anything in between. The employees' share can even be payroll deducted on a pre-tax basis and reduce your company's payroll taxes.

- **Affordable - Eliminates the high cost barrier to health insurance.** A large percentage of employees, 76% of employees surveyed in a MetLife Study, were concerned with having appropriate health insurance for themselves and their family, followed by job security.² AHL minimedical® helps people seek professional medical attention early, before conditions get worse.
- **East to Use - Doctor co-pay with no networks.** AHL minimedical® is accepted by doctors and hospitals nationwide. No networks make it easy for employees to use the plan, no matter where they live.
- **Effective - Reduces turnover costs.** Turnover can cost thousands of dollars per lost employee. AHL minimedical® can be a powerful recruiting and retention tool to improve productivity, customer service and your bottom line.
- **Quality Brand Name - Allstate Workplace Division.** Your employees will appreciate being protected by one of the most respected names in the business.

1. 2004 SHRM Retention Practices Survey.

2. The MetLife Study of Employee Benefit Trends, 2003.

overview

Employee turnover in the part-time/entry wage worker class can cost a business over \$1,000 per employee each year. Today, employees are looking for more than just a competitive hourly wage. They also want competitive medical benefits. AHL minimedical® fills the gap between offering no health insurance and offering expensive major medical insurance that is not affordable to everyone. Instead of an “all or nothing” proposition, AHL minimedical® lets you offer an affordable health plan tailored to your lower-wage workforce.

Features

- Affordable group health insurance for non-catastrophic medical expenses
- Guaranteed issue – no health questions
- Doctor office co-pay
- Sold with or without a PPO Network depending on situs state
- Section 125 qualified - premiums qualify for pre-tax treatment saving you payroll taxes
- Personalized ID cards
- Portable - coverage can be continued even after COBRA expires

Market Needs

You face two major employee benefit challenges that AHL minimedical® can help satisfy:

1. Retaining of Entry Level, Low Wage or Other Non-Benefitted Workers

According to the Society of Human Resource Management, health insurance is the most effective employee retention tool, even higher than salary.³

AHL minimedical® provides immediate and affordable medical benefits to a company’s uninsured workforce. For employers who rely on low wage or entry level workers, AHL minimedical® is an effective way to improve recruiting results, retain valuable employees, and help break the costly turnover cycle.

- Provides a competitive edge beyond hourly wage when recruiting new employees
- Builds a strong bond with the employees that can help reduce turnover and increase productivity
- Offers a variety of popular add-on benefits to choose from, including dental, life, short-term disability, accident and critical illness insurance

3. 2004 SHRM Retention Practices Survey.

overview (continued)

2. Containing Employee Benefit Costs

The cost of health insurance keeps rising at a rapid rate, forcing more and more people to be uninsured. Companies are responding in several ways, such as passing rate increases on to employees, increasing deductibles and copays, reducing the eligible class of employees, increasing the minimum number of hours needed to qualify, and extending the waiting period for the core medical plan. As it stands today, nearly 19.0 percent of working Americans do not have health insurance.⁴

- Making health insurance available may improve Workers' Compensation experience
- Can help reduce absenteeism and boost employee productivity
- Offering AHL minimedical® can improve your bottom line

Benefit Amount

Pre-packaged benefits:

Groups between 51-1,000 non-benefitted eligible employees working a minimum of 20 hours/week may choose between AHL minimedical® packages 1, 2 or 3 (see page 6). The enrollment must result in at least 51 covered employees or 15%, whichever is greater, for the group to be accepted.

No employer contribution required

Minimum participation is 15% or 51 enrolled employees, whichever is greater

Eligibility

You select the plan. The employee chooses whether or not to participate and what family members to insure. Employees who are 65 years old when they first become eligible are limited to smaller amounts of accidental death and dismemberment insurance.

Dependent Coverage

Spouse and children may also be enrolled.

Age Reduction (AD&D only)

The full amount of insurance reduces to 75% at ages 65 to 70. At ages 70 or over, it reduces to 50%.

Portability

ERISA, HIPAA and COBRA regulations apply. After COBRA continuation ends, portability coverage is available. The same coverage may be continued indefinitely, even after the group policy terminates.

Conversion

Not applicable. However, the coverage may be continued under the portability privilege.

Underwriting

No health questions or evidence of insurability required. Newly acquired dependents must be enrolled within 31 days or wait for the annual group enrollment.

Exclusions and Limitations

Vary by component and state. See exclusions and limitations section of this brochure.

Other Valuable Group Voluntary Products available

- Voluntary Dental insurance
- Voluntary Term Life insurance
- Voluntary Short Term Disability insurance
- Voluntary Accident insurance
- Voluntary Critical Illness insurance

4. *Income, Poverty, and Health Insurance Coverage in the United States*, U.S. Census Bureau, 2004.

sample turnover costs

Employee Turnover and Associated Costs

Below you will find an example of a group with 2,000 total employees and the estimated savings to that group when turnover is reduced from 60% to 40%.

Amount	Description
2,000	Number of employees
60%	Percentage of employee turnover
1,200	Number of employees lost to turnover
\$1,000	Amount spent on recruiting & training
\$1,200,000	Total money lost to turnover
Amount	Money Saved When Turnover Reduced
2,000	Number of employees
40%	Percentage of employee turnover
800	Number of employees lost to turnover
\$1,000	Amount spent on recruiting & training
\$800,000	Total money lost to turnover
\$400,000	Annual savings from reducing turnover
\$	What is your employee turnover cost?

Payroll tax savings to you using a Section 125 plan:

Example: A typical example of payroll tax savings is 8% of all premium rolled through a Section 125 plan.

- This is a savings of \$8,000 for every \$100,000 in premium, and it goes directly to the company's bottom line
- Employees benefit from pre-tax contributions also, making coverage more affordable to them

standard plan designs with a PPO Network

Benefits	PLAN 1	PLAN 2	PLAN 3
Accidental Death & Dismemberment			
Employee amount	\$20,000	\$15,000	\$10,000
Spouse amount	\$10,000	\$7,500	\$5,000
Child amount (for children age 6 months +)	\$10,000	\$7,500	\$5,000
Medical Expense Insurance			
Annual Maximum Benefit for all Covered Medical Expenses	\$10,000	\$5,000	\$2,500
<i>Within this maximum, the following limits apply:</i>			
Hospital Inpatient Services (other than room and board) <i>Applies only to the hospital bill, not to physician services provided in a hospital</i>	\$2,000	\$1,500	\$500
Outpatient Services <i>Applies to everything not covered as Inpatient Hospitalization</i>	\$2,000	\$1,500	\$1,000
Daily Allowance for Hospital Room & Board Charges			
Intensive Care Unit - per day	\$800	\$600	\$400
All Other Accommodations (if the actual charge is more, the excess over the day limit is not covered) - per day	\$400	\$300	\$200
Special Office Visit Benefit (not subject to deductible)			
Co-payment by Insured Person - per visit	\$20	\$20	\$25
Insured Percent - after co-payment			
In Network			
Office Visit Charge	100%	100%	100%
Other Charges in the Doctor's Office	100%	100%	100%
Out of Network			
Office Visit Charge	100%	100%	100%
Other Charges in the Doctor's Office	70%	70%	70%
Annual Deductible			
Coverage Year Deductible In or Out of Network			
Per Insured Person	\$200	\$200	\$250
Per Family	\$600	\$600	\$750
Insured Percent			
In Network	80%	80%	80%
Out of Network	70%	70%	70%

The Hospital Inpatient Services and Outpatient Services limits under Medical Expense Insurance are internal limits that accumulate towards the Annual Maximum Benefit. The Daily Room & Board benefits are in addition to the Inpatient Services limit for other expenses and accumulate with that limit towards the Annual Maximum Benefit. The Outpatient Services are subject to the Deductible and Copayment with the exception of the physician's fee for the office visit. The fee for the office visit charge is subject to the Insured Percent shown above after the Copayment is paid by the patient.

ScriptSave Discount Prescription Plan is included at no additional cost!

standard plan designs without a PPO Network

Benefits	PLAN 1	PLAN 2	PLAN 3
Accidental Death & Dismemberment			
Employee amount	\$20,000	\$15,000	\$10,000
Spouse amount	\$10,000	\$7,500	\$5,000
Child amount (for children age 6 months +)	\$10,000	\$7,500	\$5,000
Medical Expense Insurance			
Annual Maximum Benefit (for all Covered Medical Expenses)	\$10,000	\$5,000	\$3,000
<i>Within this Maximum, the following limits apply:</i>			
Hospital Inpatient services (other than room and board) Applies only to the hospital bill, not to physician services provided in a hospital	\$1,000	\$1,000	\$1,000
Outpatient Services Applies to everything not covered as inpatient hospitalization	\$1,000	\$1,000	\$1,000
Daily Allowance for Hospital Room & Board Charges:			
Intensive Care Unit per day	\$800	\$600	\$400
All Other Accommodations per day (If the actual charge is more, the excess over the day limit is not covered)	\$400	\$300	\$200
Insured percent (For all covered medical expenses except physician office visit charge)	70%	70%	70%
Annual Deductible (doesn't apply to physician office visits)			
Per Insured Person	\$200	\$200	\$200
Per Family	\$600	\$600	\$600
Physician's Office Visits			
Physician's office co-payment (applies to office visit charge only)	\$20	\$20	\$20
Insured percent for physician's office charge only	100%	100%	100%
Insured percent for other charges in the physician's office (subject to annual deductible)	70%	70%	70%

The Hospital Inpatient Services and Outpatient Services limits under Medical Expense Insurance are internal limits that accumulate towards the Annual Maximum Benefit. The Daily Room & Board benefits are in addition to the Inpatient Services limit for other expenses and accumulate with that limit towards the Annual Maximum Benefit. The Outpatient Services are subject to the Deductible and Copayment with the exception of the physician's fee for the office visit. The fee for the office visit charge is subject to the Insured Percent shown above after the Copayment is paid by the patient.

ScriptSave Discount Prescription Plan is included at no additional cost!

plan benefits

Accidental Death & Dismemberment

As part of the standard plans, \$10,000 or \$20,000 of Accidental Death and Dismemberment insurance is included. Spouse and child(ren) coverage is at 50% of the employee amount.

Medical Expense

Benefits are provided on a coverage year basis. Insured employees are free to choose any physician. An in-network provider list will be available to employees who elect the PPO option.

Insured percent for a physician office visit charge is 100% of the reasonable and customary charge for the office visit fee, after a co-payment. Benefits will differ between a plan without a PPO Network and a plan with a PPO Network. Copayment and coinsurance percentages may depend on the provider accessed. The deductible does not apply. The deductible and coinsurance will apply to all other covered medical expenses.

Covered medical expenses include ambulance, birthing center, diagnostic services, home health care, hospice and hospital services; medical equipment and supplies including anesthetics, casts, durable medical equipment, hemodialysis, oxygen, and prescription drugs; nursing, physician, radiation therapy, surgical and therapeutic services.

All benefits payable under medical expense are subject to the annual maximum benefit.

AHL minimedical® with National PPO Enhancement

The AHL minimedical® plan with PPO uses one of the largest Preferred Provider networks in the country, Private Healthcare Systems (PHCS). Covered employees can still use any provider of their choice. However, those that use a provider that participates in the **PHCS Network** will receive a greater reimbursement of charges. In most cases, the AHL minimedical® plan with PPO Enhancement will pay 10% more benefit when a preferred provider is used. In addition, all balances in excess of the PHCS negotiated fee allowance are written off by the provider. Charges from network providers continue to be reduced even if the insured person exhausts the maximum annual benefit. This results in fewer patient dollars out of pocket.

Customization

With underwriting approval, groups can customize a plan that better meets their needs. The deductible, copay, coinsurance, room & board allowance, and other benefits can all be adjusted when customizing a plan. Contact your agent for more details.

ScriptSave Prescription Discount Plan

The ScriptSave Prescription Discount Plan is provided free to all AHL minimedical® enrollees. Employees receive discounts on drugs purchased at any ScriptSave Preferred Pharmacy. All ScriptSave pharmacies have been carefully selected and have agreed to provide pricing and services which benefit any ScriptSave cardholder.

- The ScriptSave discount plan is provided at no cost to the policyholder and is effective immediately
- Best price on generic and brand name drugs
- With ScriptSave, there are no fees, waiting periods or pre-existing exclusions
- No claim forms to file
- Everyone in the cardholder's household can use the card as often as needed
- Average 25% savings, or \$10.92 per prescription⁵

The ScriptSave card is provided as a free service to you. It is not an insurance policy and is not part of any insurance contract. Medical Security Card Company and you reserve the right to discontinue this program at any time and are not responsible for the actions of any participating pharmacy.

5. 2005 ScriptSave utilization report for AHL minimedical® total enrollees.

accidental death and dismemberment

Subject to the terms of the group policy and the further provisions of this section, AWD will pay the benefit indicated for the losses shown in the table below. Such a loss must be as a direct result of injuries sustained by an insured person in an accident that occurs while he/she is insured for AD&D and must be independent of all other causes. The loss must occur within 365 days after the date of the accident which caused the injuries. Such benefit for losses incurred by an employee will be paid to that employee, if he/she is living at the time payment is made, otherwise it will be paid in accordance with the beneficiary designation. Such benefit for losses incurred by a dependent will be paid to the employee, if he/she is living at the time payment is made, otherwise it will be paid to the employee's estate.

table of benefits

Loss of:	Description
Life	The full amount of insurance, as stated in the schedule of insurance
Both hands	The full amount of insurance, as stated in the schedule of insurance
Both feet	The full amount of insurance, as stated in the schedule of insurance
Sight of both eyes	The full amount of insurance, as stated in the schedule of insurance
One hand and one foot	The full amount of insurance, as stated in the schedule of insurance
One hand and sight of one eye	The full amount of insurance, as stated in the schedule of insurance
One foot and sight of one eye	The full amount of insurance, as stated in the schedule of insurance
One hand	One-half of such full amount of insurance
One foot	One-half of such full amount of insurance
Sight of one eye	One-half of such full amount of insurance
Thumb and index finger of the same hand	One-fourth of such full amount of insurance

The total amount AWD will pay for all losses that result from injuries sustained in any one accident will be limited to the full amount of insurance.

No Assignment

The insurance may not be assigned.

buy-up options

Employees must enroll in an AHL minimedical® plan to be eligible for these valuable coverages. Minimum participation requirement of 10 enrolled employees in the buy-up option(s).

Buy-up Options' Details

Our standard 25% participation requirement for Dental, Life, Short Term Disability, Accident and Critical Illness when these products are offered stand-alone, is waived when offered as buy-up options to AHL minimedical®.

- You choose which buy-ups to make available to employees
- Employees must first elect AHL minimedical® before they can choose the buy-up options
- In certain replacement situations, a special underwriting exception may be given to unbundle the life, short term disability, dental, accident or critical illness plan options from the medical plan. If approved, this will be a one time exception upon initial takeover of the group. It will only apply to employees who are currently enrolled in a short term disability, life, dental, accident or critical illness plan without medical coverage, under a competitor's plan that we are replacing. Otherwise, groups will require 25% participation for stand alone group dental, life, short term disability, accident and critical illness insurance.

1. Heritage Choice Dental Plan - Group Voluntary Dental Insurance

Dental insurance continues to be one of the most popular employee benefits. With dental insurance from AWD, employees and their families can achieve that winning smile!

AWDs Heritage Choice dental plan is group dental coverage for the necessary treatment of covered dental services and includes a wellness benefit. With this plan, you can choose one of five different dental fee schedules, depending on the level of benefit and premium you choose to offer your employees.

Features of the plan

- One standard plan design with higher benefits in years 2 and 3+. Rewards employees for longer service
- You can choose from 5 different dental fee schedules (Plan 1 is typically offered with AHL minimedical®)
- Credit for prior coverage is given to employees if AWD is replacing similar group dental coverage sponsored by you, allowing them to get higher coverage year benefits
- Guaranteed issue - no health questions
- Section 125 qualified - offers additional payroll tax savings to you
- Spouse and children may also be enrolled

2. Group Voluntary Term Life Insurance

Final preparation expenses for burial, travel, time off work, and other expenses can really add up for survivors. A little early planning can help family members through the difficult transition. Group voluntary term life insurance from AWD is guaranteed issue and can help employees prepare for the unexpected.

Why offer it?

- It's affordable – no cost to you/low cost to the employee
- It's needed – the same people who don't have health insurance often don't have life insurance

Features of the plan

- Affordable group rates
- Spouse and dependent children coverage available
- Guaranteed issue

Plans	Employee Benefit Amount	Spouse or Child Benefit Amount
Plans 1 and 2	\$20,000 per employee	\$10,000 for spouse or child
Plan 3	\$10,000 per employee	\$5,000 for spouse or child

Continuation of coverage (portability)

This is an option, if the employee changes employers, to continue coverage at group rates up to age 70, so long as the group policy remains in force with AWD.

Conversion Should Employment End

The employee also has the option, if they change employers or retire, to convert to an individual permanent life insurance policy without evidence of insurability, up to the current face amount of their group voluntary term life insurance.

3. Group Voluntary Short Term Disability Insurance

Most people insure their cars, their homes, and even their lives, but often don't give a second thought to insuring their *income*, which may be their most valuable asset. With short term disability insurance from AWD, employees can be better prepared with affordable disability income protection.

Features

- Monthly benefit: lesser of \$650 or 60% of monthly earnings
- 7 day elimination period for accidents or illnesses
- Maximum 13 week benefit period
- Guaranteed issue
- Off-the-job coverage only

Definition of Total Disability

Total disability is when an insured employee is unable, due to sickness or injury, to perform the substantial and material duties of his/her regular occupation and is not working in any occupation.

Some states have a state-mandated definition of total disability that may vary slightly from this definition. The definition in the group policy as issued will govern.

Partial Disability

If, after a total disability benefit is paid, an insured employee is able to perform some of the duties of his/her occupation but has at least a 20% reduction in pre-disability income because of disability, he/she will receive payments based on the percentage of income he/she is losing due to disability.

buy-up options (continued)

3. Group Voluntary Short Term Disability Insurance (continued)

Recurrent Disability

An insured employee's current disability will be treated as part of his/her prior claim and will not require completion of another elimination period if he/she fully performed any occupation for his/her employer on a full time basis for a specified number of days as defined in the group policy and the current disability is related to or due to the same cause(s) as the prior disability.

Pre-existing Conditions

A disability that begins during the first 12 months of a person's coverage is not covered if it is due to a pre-existing condition. This is a condition (including pregnancy) for which the person received medical treatment, consultation, care or services, including diagnostic measures, or took medicine in the 12 months just prior to the effective date of coverage.

4. Group Voluntary Accident Insurance

Accidents happen - on average there are 13 unintentional-injury deaths and about 2,650 disabling injuries every hour during the year. Nearly 1 in 8 people sought medical attention or suffered at least one day of activity restriction because of an injury.⁶ Today, you can make it possible for your employees to enroll in group voluntary accident insurance at work. With this, your employees can supplement their AHL minimedical® benefits to help cover costs associated with an accident.

Why offer it?

- A few weeks without pay would make it hard for your employees to keep up with bills
- Your employees couldn't afford the extra costs that come with an injury
- Your employees have a mortgage, credit card debt, car payments or other loans they pay regularly
- Your employees' savings are earmarked for long-term goals

Injury Benefits Schedule

This list below shows covered injury benefits for 1 unit of coverage and 1 occurrence. An insured spouse gets 50% of the amount shown; insured children get 25% of the amount shown.

FOR THE LOSS OF:		FOR COMPLETE DISLOCATION OF:		FOR COMPLETE, SIMPLE OR CLOSED FRACTURE OF BONE OR BONES OF:			
Life, or both eyes, or both hands or arms, or both feet or legs, or one hand or arm and one foot or leg	\$20,000	Hip joint	\$2,000	Hip, thigh (femur), pelvis**	\$2,000	Two or more ribs, fingers or toes, bones of face or nose	\$300
One eye, or one hand or arm, or one foot or leg	\$10,000	Knee joint*, bone or bones of the foot*, ankle joint	\$800	Skull**	\$1,900	One rib, finger or toe, Coccyx	\$140
one or more entire toes, or one or more entire fingers	\$2,000	Wrist joint	\$700	Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$1,100		
		Elbow joint	\$600	Ankle, knee cap (patella), collarbone (clavicle), forearm (radius or ulna)	\$800		
		Shoulder joint	\$400	Foot**, hand or wrist**	\$700		
		Bone or bones of the hand*, Collarbone	\$300	Lower jaw**	\$400		
		Two or more fingers or toes	\$140				
		One finger or toe	\$60				

*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).

6. *Injury Facts*, National Safety Council, 2005-2006.

Features of the plan

- Coverage that is guaranteed issue
- Benefits for dislocations, fractures, or loss of limbs
- Ground and air ambulance benefit
- Spouse benefit available for 50% of employee amount and dependent child benefit available for 25% of employee amount.
- Coverage for an unlimited number of accidents
- Portability- should an employee leave employment they can continue the coverage as long as they pay premiums directly to Allstate Workplace Division (state variations may apply).

How It Works:

Group Voluntary Accident can pay a lump sum benefit for on- and off-the-job accidents, plus some medical benefits. And, because accident insurance is supplemental, it pays in addition to the other insurance. The coverage can be used to fill a gap in out of pocket expenses.

Plan - 1 unit of base Group Voluntary Accident

FEATURES	EMPLOYEE	SPOUSE	CHILDREN
Accidental Death	\$20,000	\$10,000	\$5,000
Common Carrier Accidental Death	\$100,000	\$50,000	\$25,000
Dismemberment	\$2,000 - \$20,000 (Depending on type of loss)	\$1,000 - \$10,000 (Depending on type of loss)	\$500 - \$5,000 (Depending on type of loss)
Dislocation/Fracture	\$60 - \$2,000 (Depending on type of loss)	\$30 - \$1,000 (Depending on type of loss)	\$15 - \$500 (Depending on type of loss)
Initial Hospital Confinement	\$500		
Hospital Confinement	\$100/day		
Intensive Care	\$200/day		
Ambulance Services	Ground \$100 Air \$300		
Medical Expenses	up to \$250		
Outpatient Physician's Treatment	\$25/visit		

* Benefit amounts above shaded in blue are the same for employee, spouse, and children.

Premiums for 1 unit of Group Voluntary Accident**	Weekly Rates	Monthly Rates
Employee Only	\$2.04	\$8.84
Employee + One	\$4.79	\$20.72
Family	\$4.79	\$20.72

**Rates may vary according to situs state of the group.

5. Group Voluntary Critical Illness Insurance

Along with advancements in medical technology that can increase life span and chances of surviving critical illnesses, comes an increasing appreciation of the personal economic strain people face with the diagnosis and lifestyle changes associated with critical illness. One of the more valuable new employee benefits you can offer your employees is access to insurance benefits at work, which can help with costs associated with specified serious illnesses. The Group Voluntary Critical Illness plan pays your employees a lump sum benefit for a covered critical illness at the time of diagnosis. This benefit can be used to help them meet expenses which are not normally covered under their traditional health insurance. Making this part of your employee benefit offering not only provides your employees with a customized benefit offering to fit their needs (at competitive premium rates), but it also provides them with benefits that may not be tangible, which can mean the difference between good coverage or great coverage.

buy-up options (continued)

5. Group Voluntary Critical Illness Insurance (continued)

Why offer it?

- It's affordable – composite rated for all ages and smoker status offering competitive premiums for your employee's
- It's needed – just as there are gaps in medical coverage, there are direct and indirect expenses that often accompany a critical illness which are not normally covered under an employee's traditional group health insurance. Here are just a few examples:
 - Lost income
 - Child care
 - Mortgage payments
 - Travel expenses
- It's convenient – employee premium payments are easy with automatic payroll deduction.
- It's portable – employees can take the coverage with them if they change employment (state variations may apply).

Features of the plan

- **Basic benefit amount of \$5,000 for Categories 1, 2, and 3.**
- Benefits paid directly to your covered employee's at time of diagnosis unless they assign them to someone else.
- Affordable competitive premiums. Coverage you can choose to match your employee budgets.
- Spouse and dependent child(ren) coverage available. Coverage for spouse and child(ren) is 50% of the employee's \$5,000 basic benefit amount.
- Guaranteed issue. No evidence of insurability required at initial enrollment.

The product offers group critical illness coverage which only provides benefits as defined in the policy and certificate. The amount paid for each illness is the percentage shown below for each illness multiplied by the basic benefit amount chosen. The maximum basic benefit amount payable by AWD, per category of illnesses, is 100%.

Benefit Category 1 - Group Critical Illness Coverage	% of Basic Benefit Amount*	Maximum Amount Payable
Heart Attack	100%	100%
Heart Transplant	100%	
Stroke	100%	
Coronary Artery By-Pass Surgery	25%	
Benefit Category 2 - Group Critical Illness Coverage	% of Basic Benefit Amount*	Maximum Amount Payable
Major Organ Transplant (other than heart)	100%	100%
End Stage Renal Failure	100%	
Paralysis (not as a result of a stroke)	100%	
Alzheimer's Disease	25%	
Benefit Category 3 - Group Critical Illness Cancer Coverage	% of Basic Benefit Amount*	Maximum Amount Payable
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	

\$5,000 Basic Benefit Amount Premiums**	Weekly Rates	Monthly Rates
Employee Only	\$2.20	\$9.51
Employee + One	\$3.25	\$14.08
Family	\$3.30	\$14.28

*The benefits listed above are available in most states. Plans may vary according to state specific requirements.

**Rates are based on the most state version of benefits. Rates may vary according to situs state of group.

5. Group Voluntary Critical Illness Insurance (continued)

Example of how benefits are paid under the \$5,000 basic benefit amount

Benefit If you have	Amount Payable
■ Coronary Artery By-Pass Surgery then -	■ Coronary Artery By-Pass Surgery at 25% = \$1,250
■ a Heart Attack then -	■ Heart Attack at 75% = \$3,750 (Since By-Pass Surgery paid)
■ Alzheimer's Disease then -	■ Alzheimer's at 25% = \$1,250
■ Invasive Cancer -	■ Invasive Cancer at 100% = \$5,000

Total Category 1, Category 2, and Category 3 benefits paid = \$11,250
The covered person is still eligible for up to \$3,750 under Category 2 benefits.

After 100% of the basic benefit amount chosen by you has been paid within a category (Category 1, Category 2, or Category 3), AWD does not pay any more benefits for any illness associated with that category. Once the covered person has reached the maximum amount payable in Category 1, 2, and 3, coverage is terminated.

COBRA

Benefits are available under COBRA continuation and will be the same as the basic benefits in the Group Policy. If benefits or rates in the Group Policy change, they will also change for anyone on COBRA. If the Group Policy terminates, COBRA continuation also terminates and those covered will then become eligible for portability.

Portability

When someone elects the portability coverage, they can continue it indefinitely, as long as they continue to pay their premiums directly to the AWD home office. Their benefits will not be linked to the group policy. Therefore, changes to the group policy benefits will not affect those currently enrolled under portability. Even if the original group policy terminates, the people on portability continue to have their original benefits.

answers to FAQ's

1. AHL minimedical® is only available as an "employer sponsored" benefit. We can only issue a policy if a minimum of 51 employees are enrolled.
2. The employees must receive a W-2 Form from the employer group in order to qualify for coverage. For instance, we CAN NOT quote:
 - Associations or Unions
 - Multiple employer welfare trusts
 - Contract employees
 - Franchises
3. AHL minimedical® is a true group health plan and, as such, includes all of the applicable state-mandated benefits of the state in which the policy is written.
4. The office visit copay covers the office visit charge (subject to R&C) and is subject to the outpatient maximum. Benefits will differ between a plan without a PPO Network and a plan with a PPO Network. Copayment and coinsurance percentages may depend on the provider accessed.
5. All expenses are subject to deductible and coinsurance except for the physician office visit charge, which is covered at 100% with a copay (subject to reasonable and customary limits).
6. Prescription drug charges are covered as any other medical expense, subject to deductible and coinsurance and covered up to the outpatient maximum (when prescribed outside the hospital) or the inpatient maximum (when prescribed inside the hospital). Oral contraceptives are not covered unless prescribed for an illness or mandated by the state in which the policy is issued.
7. The inpatient services maximum is a coverage year limit for hospital miscellaneous/ancillary charges such as medications, supplies, etc. that are billed by the hospital. This accrues toward the overall coverage year maximum benefit.
8. Inpatient physician charges (such as the surgeon's fees, the anesthesiologist's fees, doctor visits in the hospital, etc.) accrue toward the coverage year maximum benefit. They are NOT capped under the inpatient services maximum.
9. Room and board charges are capped at a "daily limit", and accrue toward the coverage year maximum benefit. They are NOT capped under the inpatient services maximum.
10. Plan benefits and deductibles accrue on a coverage year basis.
11. The plan is not designed to cover "routine" or "wellness" benefits unless specifically mandated by state law. Covered medical expenses under the plan include expenses that are due to a sickness or injury.
12. There is no lifetime maximum on the Medical Expense Insurance benefit. It resets each coverage year.
13. COBRA and HIPAA. AWD has arranged special pricing with CobraGuard, a third party vendor that specializes in COBRA administration. If the plan administrator chooses CobraGuard to administer COBRA, we will provide access to them. We generate HIPAA Certificates of Creditable Coverage.
14. Upon termination of employment, an insured can continue the plan on COBRA.
15. Benefits provided under COBRA Continuation will be the same as the basic benefits in the Group Policy. If benefits or rates in the Group Policy change, they will also change for anyone on COBRA. If the Group Policy terminates, COBRA Continuation also terminates and those covered will then become eligible for Portability.

16. Portability - Benefits are portable. After someone elects the portability coverage, they can continue it indefinitely, as long as they continue to pay their premiums directly to our home office. Their benefits will not be linked to the group policy. Therefore, changes to the group policy rates or benefits will not affect those currently enrolled under portability. Even if the original group policy terminates, the people on portability continue to have their original benefits.
17. The plan is Section 125 Qualified, meaning payroll deductions can be set up on a pre-tax basis and you can save money on payroll taxes.
18. An employer contribution is strongly recommended, but not required. A contribution demonstrates that you are endorsing the plan and helps drive better participation.

medical expense insurance

AWD will pay benefits if an insured person incurs covered medical expenses due to sickness or injury. Payments are subject to all terms of the group policy that may apply.

Benefits Payable

Benefits will be paid for covered medical expenses that exceed the deductible requirements. Payments will be in the amount of such expenses, times the insured percent. However, we will not pay more than the maximum benefits for all expenses incurred by an insured person during each coverage year.*

The insured percentages, deductibles, copayments and maximum benefits that apply are shown in the schedule of insurance in the group policy.

*Policies issued in Connecticut will contain calendar year benefits.

Deductible Requirements

The deductible is applied once each coverage year. Each insured person must meet their own separate deductible. The insured will have done this when they have incurred covered medical expenses within the coverage year in an amount equal to the deductible.*

A family consists of an employee and their insured dependents. There is a family deductible limit, which is shown in the schedule of insurance as either a number of deductibles or a dollar amount. Once this family deductible limit has been met, no further deductibles will be applied to separate family members after the date (during that coverage year) the expenses were incurred. The family deductible limit will need to be satisfied each coverage year.*

*Policies issued in Connecticut will contain calendar year benefits.

Covered Medical Expenses

Covered medical expenses are the charges and fees incurred by an insured person only for those services and supplies listed below. They are subject to the exclusions and other limitations which may apply to this section. Charges and fees are limited to what is reasonable and customary within the area in which the services and supplies are furnished. All services and supplies must be performed by, prescribed in writing by, or under the supervision of, an attending physician. They must be required for the care and treatment of an insured person due to a sickness or an injury.

1. *Ambulance Services.* This is for local transportation by a professional ambulance service to or from a hospital. Local means to or from the nearest hospital with appropriate staff and equipment prepared to care for or treat the patient's condition — in no case more than 100 miles away.
2. *Birthing Center Services.* These are for services received in such a center for prenatal care, delivery of a child or children and postpartum care during the first 24 hours after giving birth.
3. *Diagnostic Services.* These are for x-ray exams and laboratory tests to find the cause of sickness or the extent of an injury.
4. *Home Health Services.* These are for services and supplies provided in the home of an insured person. They must be in lieu of inpatient care which would otherwise be required. Such services must be therapeutic in nature and must be supervised by the physician who prescribes them. The maximum benefit payable for such services is \$1,000 per coverage year.

5. *Hospice Services.* These include treatment provided in accordance with a hospice care program and room and board and other services of a hospice facility during inpatient confinement of an insured person in such a facility. Such confinement must be needed for the control of acute symptoms, crises management or to provide respite for the patient's family. Charges for such confinement which exceed \$200 per day or for more than 30 days (5 days in any period of 3 months for respite care) will not be a covered medical expense.
6. *Hospital Services.* These include room and board and other services and supplies provided by a hospital. Room and board charges that exceed the daily maximum shown for them in the schedule of insurance, will not be covered medical expenses. The maximum benefit payable for services and supplies, other than room and board, is also shown in the schedule of insurance.
7. *Medical Equipment and Supplies.* These include only the items that are specifically listed below, but only if they:
 - are determined by AWD to be medically necessary for the treatment of a condition covered under the group policy; and
 - will not, in whole or in part, serve as a comfort or convenience item for the insured person.
 - Supplies and service to repair medical equipment may be a covered medical expense only if the insured person owns the equipment or is purchasing the equipment. At our option, the cost of either renting or purchasing will be covered. If the cost of renting is more than its purchase price, only the cost of the purchase is considered a covered medical expense. With respect to durable medical equipment, that is purchased, only the initial purchase will be a covered medical expense. The only equipment and supplies that are covered are as follows:
 - a. Anesthetics, surgical dressings, blood and blood plasma.
 - b. Casts, splints and braces.
 - c. Durable medical equipment, which includes only canes, crutches, walkers, standard manual or electric wheelchairs, standard hospital beds.
 - d. Hemodialysis for renal disease, including the required equipment, and medical supplies, when prescribed by a physician and provided at hemodialysis clinics and home training centers which are approved by the Joint Commission on the Accreditation of Healthcare Organizations.
 - e. Oxygen, including the use of equipment for its administration, when the medical necessity for 24 hour usage is certified by a physician.
 - f. Prescription drugs dispensed by a licensed pharmacist for which the law requires a physician's written prescription. In addition, covered medical expenses will include insulin and the needles and syringes required for its administration, if the insured person has a physician's authorization for such supplies on record with the pharmacist.
8. *Nursing Services.* These are for private duty nursing care by a licensed nurse (RN or LPN). They must entail active medical treatment. They must be provided as home health services.
9. *Physician Services.* These are for performing surgery or other medical care and treatment. Each service must be within the scope of the physician's license to practice.
10. *Radiation Therapy Services.* These include chemotherapy, x-rays, radium and radio-active isotope therapy for the treatment of benign or malignant conditions.
11. *Surgical Services.* These are in connection with surgery performed by a physician in a surgical facility. Such facility must be duly licensed as such.
12. *Therapeutic Services.* These are the services of a licensed speech therapist to aid in the restoration of speech loss, resulting from injury, stroke or surgical procedure; or services provided by a physiotherapist, occupational therapist, respiratory therapist or inhalation therapist to aid in the restoration of normal physical function that the insured person once had, but later lost.

A charge or fee is considered to be incurred on the date an insured person receives the service or supply for which the charge is made.

medical expense insurance (continued)

Portability Privilege

If coverage terminates for any reason other than failure to pay required premiums, or if the employer terminates the group policy and does not replace it with another plan, the insured persons are eligible for portability coverage. This means they may continue the same benefits they had under the group policy, by payment of premiums directly to AWD. Although no longer covered under the group policy, they will continue to receive the benefits described in their certificate of insurance. Specific terms of coverage, premiums, the grace period and termination are provided in the policy.

PLEASE NOTE:

Actual language in the group policy may differ, if required by the laws of the state in which the policy is issued.

special provisions

Medical Expense Insurance

Pre-existing Conditions

Benefits are payable for a pre-existing condition, subject to the following:

No benefits will be payable for a pre-existing condition for the following period of time after the insured person's enrollment date:

1. 18 months for a late enrollee; or
2. 12 months for other insured persons.

This exclusion will not apply to an employee's newborn child or adopted child under the age of 18 years, if the child is or was enrolled within 30 days of the date of birth, adoption or placement for adoption.

An insured person who was covered by creditable coverage and becomes insured under the AHL minimedical® group policy without a significant break in coverage, will receive credit for that period of creditable coverage towards the satisfaction of this limitation. To obtain credit, the employee must provide proof of the previous coverage that is satisfactory to AWD.

Pre-existing condition means any sickness or injury, other than pregnancy, for which medical advice, diagnosis, care, or treatment was recommended or received within the six month period right before an insured person's enrollment date.

Genetic information is not considered a pre-existing condition unless there is a diagnosis of the condition to which the genetic information relates. The medical advice, diagnosis, care, or treatment must have been recommended by, or received by, or received from, an individual licensed or similarly authorized to provide services under state law and operating within the scope of practice authorized by state law.

Mental Illness (Medical Expense Insurance)

Plan benefits are provided for care and treatment of mental illness and functional nervous disorders, including alcoholism and drug abuse. But they are limited as follows:

- A. Hospital inpatient care is limited to 30 days in any one coverage year;
- B. Outpatient care is limited to 40 visits in any one coverage year.

PLEASE NOTE:

Actual language in the group policy may differ, if required by the laws of the state in which the policy is issued.

exclusions & limitations

Medical Expense Insurance

No benefits will be paid under any section of the group policy that provides a type of health expense insurance for any expense incurred by an insured person:

- A. on account of or in connection with:
 - 1. examination not required for care or treatment of a sickness or injury, immunizations or other preventive measures, unless required by state laws;
 - 2. care of any person which AWD determines to be custodial or for maintenance purposes;
 - 3. injury arising out of or in the course of doing any job or work for wage or profit, or sickness covered by any workers' compensation law or act;
 - 4. war, or any act of war, whether declared or not, that occurs while the person is insured;
 - 5. injury sustained while participating in a riot or in the act of committing an assault or felony;
 - 6. care or treatment of the teeth, their roots or root sockets or gums, except:
 - (a) prompt (within twelve months in the case of an adult) repair of sound natural teeth or other body tissue required as a result of an injury; or
 - (b) care or treatment of congenital defects in a child who becomes insured at birth;
 - 7. eye exams, eyeglasses or lenses or surgery for the correction of errors of refraction in the eye, except the first exam and lens that may be required after cataract surgery (may vary in **CA**);
 - 8. hearing aids, their fitting or hearing exams;
 - 9. cosmetic surgery, regardless of any psychological or emotional benefits to be gained by it, unless it is required to correct a severe birth defect or the severe scar of an acute sickness or injury suffered while insured;
 - 10. the removal of corns, calluses or toenails, unless the nail roots must be removed too, or the purchase of shoes;
 - 11. acupuncture (this does not apply if used as a form of anesthesia for which a benefit may be paid);
 - 12. any type of education or job training of any kind;
 - 13. therapies that are not otherwise covered (to help make this point clear, some examples of these include but are not limited to: primal, educational, megavitamin, bioenergetic, and carbon dioxide therapies, rolfing and psychodrama);
 - 14. counseling services that are not otherwise covered; (to help make this point clear, some examples of these include but are not limited to: marriage, family, child, career, social adjustment, pastoral and financial counseling);
 - 15. a pregnancy of a dependent child and the childbirth that may result, or any induced abortion unless the mother's life or health would be endangered if she carried the fetus to term; (this exclusion does not apply where there are complications of pregnancy);
 - 16. mental illness, nervous disorders, alcoholism or drug abuse, except if it is covered under any special provisions;

PLEASE NOTE:

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17. drugs or medicines that may be obtained lawfully without a physician's prescription (this does not apply to insulin);
 18. sexual dysfunction or identity, sex change or procedures to cause a person to be pregnant or aid in such cause;
 19. treatment or tests for infertility (unless brought on by sickness or injury while insured) or genetic testing;
 20. measures to control food intake for purposes of weight control;
 21. programs to train and teach people to cope with or manage pain or to retrain for a job;
 22. biofeedback and other forms of training for the care of one's self and related testing; or
 23. a pre-existing condition, except as provided under the special provisions.
- B. for care, treatment, services and supplies:
1. that are not medically necessary;
 2. for which there is no legal obligation for the insured person to pay or for which no charge would be made if insurance did not exist, unless such charge is regularly and customarily made in similar amount by the provider of such to other non-indigent patients, or unless, in either case, AWD is required by law to pay to the government of the United States;
 3. rendered and charged for by a resident intern or physician;
 4. that AWD determines to be not necessary for diagnosis, care or treatment of the sickness or injury involved (this applies even if prescribed by a physician);
 5. that could have been done for one's self or a member of his/her family; or
 6. charged for by a relative of the patient.
- C. when the provider charges a fee for a service he/she does not actively perform (examples of this include, but are not limited to: case management fees and the professional component of automated laboratory procedures);
- D. that exceeds the reasonable and customary charges within the area for the services and supplies furnished.

PLEASE NOTE:

Actual language in the group policy may differ, if required by the laws of the state in which the policy is issued.

exclusions & limitations (continued)

Accidental Death & Dismemberment Insurance

AWD will not pay benefits for a loss that results from an accident that occurs while the insured person is not insured or that results directly or indirectly from:

- a. an infirm state of the mind or body; treatment or diagnosis of sickness or injury; infection unless through an accidental cut or wound; or
- b. suicide, trying to destroy one's self or injuring one's self on purpose, while sane or insane; or
- c. the taking of any drug, except those prescribed by a physician and used in the manner prescribed; or
- d. the insured person being intoxicated; or
- e. voluntary poisoning; or
- f. war or any act of war (whether declared or undeclared); or
- g. committing or attempting to commit an assault or felony; or
- h. operating or riding in any kind of aircraft except as a passenger on a regularly scheduled passenger flight of a commercial aircraft.

Definitions

As used in this section, the terms listed below have the following meanings. "Intoxicated" means a condition as determined by the laws of the state in which the group policy is issued. "Loss" means with respect to: (a) a hand or foot, actual severance through or above the wrist or ankle joint; (b) an eye, the entire and permanent loss of sight of such eye; and (c) a thumb and index finger, severance through or above the joint closest to the wrist.

Group Voluntary Dental Insurance

No benefits will be paid under the group policy for any service received by an insured person:

- A. On account of or in connection with:
 1. any procedure not shown in the Schedule of Dental Procedures.
 2. injury arising out of or in the course of doing any job or work for wage or profit.
 3. sickness covered by any Workers' Compensation Law or Act.
 4. war, or any act of war, whether declared or not, that occurs while the person is insured.
 5. injury sustained while participating in a riot or in the act of committing an assault or felony.
- B. In connection with dental services or supplies:
 1. performed by a relative of the insured person.
 2. not prescribed by a dentist or performed by a dentist or a licensed dental hygienist.
 3. for oral hygiene, dietary instructions, or programs for plaque control.
 4. that are implants, full or partial dentures or bridgework made solely to replace teeth that were pulled prior to becoming insured (this exclusion will cease to apply after a person has been insured for 3 consecutive years).
 5. to duplicate or replace bridgework, a denture or other dental appliance, whether due to loss, theft or otherwise, except this does not apply if the replacement of one of these is due to the fact that
 - a. the current one can not be restored or made serviceable and has been in place for at least 3 years;
 - b. the current one is damaged by injury to the face; or
 - c. an additional tooth is pulled, the absence for which an adjustment is required.
 6. for straightening the teeth, to correct a malocclusion or for other orthodontic services, unless the insured person is an insured child under the age of 19 years.

PLEASE NOTE:

Actual language in the group policy may differ, if required by the laws of the state in which the policy is issued.

Group Voluntary Term Life Insurance

The policy does not pay the death benefit if the insured employee or spouse commits suicide within the one year period after the effective date of that person's life insurance under the group policy.

Group Voluntary Short Term Disability Insurance

Monthly STD benefits are reduced by the total benefits received as disability income payments under any state compulsory benefit act or law, other employee benefit plans, salary continuation or accumulated sick leave, Workers' Compensation or similar occupational disease law and/or Social Security (or other federal disability benefits); however, the monthly benefit will not be reduced to less than \$100. This "coordination of benefits" allows disabled employees to receive up to 60% of their gross income from all sources combined. If premiums are paid with after-tax income, STD benefits from AWD will be received tax-free. The plan does not cover any disabilities caused by, or resulting from (directly or indirectly), the insured employee's:

1. loss of professional license, occupational license, or certificate; or
2. participation in a felony; or
3. intentionally self-inflicted injuries; or
4. active participation in a riot; or
5. commission of a crime for which you have been convicted under state or federal law; or
6. pre-existing condition; or
7. occupational sickness or injury (except the occupational sickness or injury of a covered partner or sole proprietor who cannot be covered by Workers' Compensation law will be covered).

This plan will not cover a disability due to war, declared or undeclared, or any act of war. AWD will not pay a benefit for any period of disability during which the employee is incarcerated.

Pre-existing conditions

Benefits will not be paid for disabilities that begin within 12 months of the insured employee's effective date of coverage, if caused by a pre-existing condition, defined as any condition for which the insured employee's received medical treatment, consultation, care, services, or prescribed drugs or medicines in the 12 months just prior to the effective date of coverage. Disability must begin while the insured employee is covered under the plan. An employee must be actively at work for insurance to become effective.

PLEASE NOTE:

Actual language in the group policy may differ, if required by the laws of the state in which the policy is issued.

exclusions & limitations (continued)

Group Voluntary Accident Insurance

The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or any injury sustained while the covered person is under the influence of alcohol or any narcotic, unless administered upon the advice of a physician; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); or participation in any form of aeronautics except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or hernia, including complications due to hernia.

Any injury incurred while a covered person is an active member of the Military; Naval; or Air Forces of any country or combination of countries not covered. Upon notice and proof of service in such forces, AWD will return the pro-rata portion of the premium paid for any period of such service. State variations exist.

Pre-existing conditions limitations (may vary by state)

AWD does not pay for any loss due to a pre-existing condition if the loss occurs during the 12 month period beginning on the date that person became a covered person. A pre-existing condition is a disease or physical condition for which: 1. symptoms existed within the 12 month period prior to the effective date of coverage; or 2. medical advice or treatment was recommended by or received from a member of the medical profession within the 12 month period prior to the effective date of coverage.

A pre-existing condition can exist even though a diagnosis has not yet been made.

Group Voluntary Critical Illness Insurance

Pre-existing conditions limitations

AWD does not pay for any loss due to a pre-existing condition, as defined, during the 12 month period beginning on the date the employee became insured. A pre-existing condition is a disease or physical condition for which symptoms existed within the 12 month period prior to the effective date of coverage; or medical advice or treatment was recommended or received from a member of the medical profession within the 12 month period prior to the effective date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made. State variations exist.

AWD does not pay benefits for an illness due to, or resulting from, (directly or indirectly): any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; or attempted suicide, while sane or insane; or any injury sustained while under the influence of alcohol, narcotics or any other controlled substance or drug unless administered upon the advice of a physician; or participation in any form of aeronautics except as a fare paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or alcohol abuse or alcoholism, drug addiction or dependence upon any controlled substance. State variations exist.

PLEASE NOTE:

Actual language in the group policy may differ, if required by the laws of the state in which the policy is issued.

notes







Workplace Division

This guide is for use in all states except Georgia.

Rev. 9/06. Accidental Death and Dismemberment, Medical Expense and Supplemental Medical Insurance is provided by policy form G-3000, or state variations thereof. Group Voluntary Term Life Insurance is provided by policy form GVL-4000, or state variations thereof. Group Voluntary Disability Insurance is provided by policy form GVD-4000, or state variations thereof. Heritage Choice Group Voluntary Dental Insurance is provided by policy form G-DEN-P, or state variations thereof. Group Voluntary Accident insurance benefits provided by policy GVAP1, or state variations thereof. Group Voluntary Critical Illness benefits provided by policy form GVCIP1, or state variations thereof.

This is a brief overview of the benefits available under Group Policies issued by American Heritage Life Insurance Company. Details of the insurance, including exclusions, restrictions and other provisions are included in the Certificates of Insurance that will be issued to insured employees. However, the insurance will be governed solely by the terms and conditions of each Group Policy, which alone will make up the agreement by which the insurance will be provided.

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