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Allstate at Work®

Group Voluntary Supplemental Health Options Plan

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

The average length of stay in a U.S. hospital is 4.9 days.¹ Even just a couple of days in the hospital could be costly. Lost income, medicines and therapies can quickly add up.

Supplemental health insurance can help protect an employee's hard-earned savings, and it can help cover some of the costs associated with hospital care.

Here's what S.H.O.P. insurance has to offer:

- Benefits that cover in-hospital stays, out-patient and nursing coverage, transportation coverage, and optional benefits that include: prescription drug coverage; wellness and preventive testing; diagnostic X-rays; off-the-job accident and sickness disability coverage; and term life coverage.
- Benefits are paid directly to the covered person unless assigned
- Coverage available for individual or entire family
- Premium based on age at issue

Wouldn't you like to offer your employees coverage that can help them protect their finances if medical treatments or an extended stay in the hospital is needed?

1. Centers for Disease Control and Prevention (CDC), 2002.

Employer Guide



Allstate®

Workplace Division

AWD9208

In today's competitive workplace, a company that can offer a wide range of benefits for an employee to choose from generally has an easier time attracting and maintaining a qualified staff.

Allstate Workplace Division (AWD) offers a flexible Group Voluntary Supplemental Health Options Plan (S.H.O.P.) that allows you to choose the level of coverage that's right for your employees.

Offer Your Employees More

Health insurance companies often have different ideas about where they stop paying for health treatment. But if your employees could afford it, they probably wouldn't cut any corners.

If a hospital facility in their home town or in another city offered the best treatment, your employees would want to go—and have a family member there for support. They would want the best specialists, treatments, and medications. And a hospital stay that's covered up to 180 days. Maybe they'd want wellness preventive testing each year or at home nursing while they recover after hospitalization. They can do just that with the group voluntary S.H.O.P. plan. And, because group voluntary S.H.O.P. is supplemental insurance, it pays in addition to any current medical coverage your employees may have. The extra money that is provided by the benefits can help cover additional expenses they may incur.

Today, you can make it possible for your employees to enroll in group voluntary S.H.O.P. benefits at work, and have the coverage they need, when they need it most. With this coverage they get hospitalization benefits, surgery benefits, outpatient and nursing benefits, transportation benefits, and the optional benefits you choose to help enhance their coverage. They can choose to cover themselves or their entire family. And, their premiums are conveniently deducted from their paychecks, so there are no checks to write or bills to pay.

How The Plan Works

You choose the benefits and the coverage to help meet the needs of your employees. This plan was designed to provide you with a competitive group voluntary supplemental health plan which is a modular policy and allows you to customize the plan design for your employees' needs. Here's how it works:

Group Voluntary S.H.O.P. Plan - The group voluntary S.H.O.P. plan consists of a schedule of mandatory benefits which can help pay for benefits up to a specified amount for initial hospitalization confinement, daily hospital confinement, hospital intensive care, surgery, anesthesia, inpatient physician's treatment, outpatient emergency accident, outpatient physician's treatment, at home nursing, ambulance service, and non-local transportation.

Optional Benefits That Can Be Packaged With the Group Voluntary S.H.O.P. Plan - Enhancing your employees' coverage is easy by choosing from up to five miscellaneous benefits: Outpatient diagnostic X-ray and laboratory/wellness preventive testing; prescription drug; term life; off-the-job accident and disability. In addition to the group voluntary S.H.O.P. plan, you can also choose to offer a group dental policy.

ScriptSave Prescription Drug Discount Program - Includes the ScriptSave prescription drug discount program at no additional cost to you or your employees.

Begin By Building a Plan That Fits Your Employees' Needs

On the following pages you will find 7 categories of benefits, which include descriptions of the benefits offered and the number of units that you can choose from to present to your employees. The group voluntary S.H.O.P. plan benefits and optional benefits allow you to provide your employees with coverage in unit amounts. One of the most important features of the benefit amounts is that they increase by 5% after the first coverage year and each coverage year thereafter, for the next 5 years so that the benefit amounts in coverage years 6 and later are 125% of the initial benefit amounts*.

***The Off-the-Job Accident and Sickness Disability Option, Term Life Option and Dental Plan, do not receive the same 5% increase with each coverage year.**

Mandatory Benefits - There are several mandatory benefits that make up group voluntary S.H.O.P. and they include: hospitalization benefits; surgery benefits; and outpatient, nursing and transportation benefits. These mandatory benefits are listed in Categories 1-3, and your choice of units may be made, but your choice will affect all of the benefit amounts within each mandatory category. Therefore, it is not possible to vary individual benefit amounts within a category, because all benefits within that category would reflect the same unit amount.

Miscellaneous Benefits - The miscellaneous benefits are not mandatory, but provide you with the option to enhance your employees' coverage by including them in the package to be offered to your employees. These benefits are listed in categories 4-7. In **category 4**, your choice of units may be made, but your choice will affect both benefits within the category. And, if you choose this category, you automatically select both benefits. In **categories 5-7**, your choice of units may be made. However, benefits in **category 6 and 7** are only available to groups with 200 or more eligible employees.

You will notice that some benefits offer the option of six units of coverage, some offer four, some three, while others only offer one unit of coverage. This gives you greater flexibility in the mandatory and optional benefits by allowing you to customize your packages to your employees' needs. And, depending on the number of eligible employees, you have the option of presenting your employees with a choice between one or two benefit packages. One benefit package (Basic - for companies with 199 or fewer eligible employees) or two benefit packages (Basic and Enhanced - for companies with 200 or more eligible employees).

You also determine the mode for premium payments, whether premium payroll deduction is monthly, semi-monthly, weekly, or an alternative method, you decide what deduction is right for your company.

Once you have determined the number of units for each benefit, the optional benefits, and the premium deduction mode, your AWD representative can complete an illustration detailing your package choice and the premium payment. After AWD underwriting has approved your case, employee brochures will be created and can be used at the open enrollment. The customized brochure details the package(s) you have chosen and will contain any state variations to the policy in the situs state. Your company's name or logo can be printed on the cover of the employee brochure to personalize it.

CATEGORY 1 - MANDATORY BENEFITS - Hospital Choose 1 to 6 units. All benefits will be the same unit amount.	1 UNIT	2 UNITS	3 UNITS	4 UNITS	5 UNITS	6 UNITS
<p>Initial Hospitalization Confinement AWD pays the amount shown for the Initial Hospitalization Benefit on the first confinement to a hospital during a coverage year, provided a benefit is paid under the Daily Hospital Confinement Benefit. This benefit is payable only once for each covered person, for each continuous hospital confinement, and each coverage year.</p> <p>AWD will not pay this benefit for normal pregnancy or complications of pregnancy. AWD will not pay for a newborn child's initial hospitalization after birth. A newborn child's initial hospitalization includes any transfers to another hospital before the child is discharged home.</p> <p>Daily Hospital Confinement AWD pays the amount shown for the Hospital Confinement Benefit for each day (24 hrs.) a covered person is admitted to and confined as an inpatient in a hospital as a result of an injury or sickness. Proof must be provided for each day a room and board charge is incurred. Payable for a maximum of 180 days for each period of continuous hospital confinement. AWD will not pay this benefit for a newborn child's routine nursing or well baby care during the initial hospital confinement.</p> <p>Hospital Intensive Care AWD pays the amount shown for each day (24 hrs.) a covered person is confined to a hospital intensive care unit, provided a benefit is also paid under the Daily Hospital Confinement Benefit. Paid in addition to the Daily Hospital Confinement Benefit. Proof must be provided for each day a hospital intensive care room and board charge is incurred. Maximum number of days this benefit is payable is 60 days for each period of continuous hospital intensive care confinement.</p>	<p>\$250 each year</p> <p>\$100 each day, 180 day max.</p> <p>\$100 each day, 60 day max.</p>	<p>\$500 each year</p> <p>\$200 each day, 180 day max.</p> <p>\$200 each day, 60 day max.</p>	<p>\$750 each year</p> <p>\$300 each day, 180 day max.</p> <p>\$300 each day, 60 day max.</p>	<p>\$1,000 each year</p> <p>\$400 each day, 180 day max.</p> <p>\$400 each day, 60 day max.</p>	<p>\$1,250 each year</p> <p>\$500 each day, 180 day max.</p> <p>\$500 each day, 60 day max.</p>	<p>\$1,500 each year</p> <p>\$600 each day, 180 day max.</p> <p>\$600 each day, 60 day max.</p>
CATEGORY 2 - MANDATORY BENEFITS - Surgery & Related Benefits Choose 1 to 6 units. All benefits will be the same unit amount.	1 UNIT	2 UNITS	3 UNITS	4 UNITS	5 UNITS	6 UNITS
<p>Surgery AWD pays the amount shown in the Schedule of Operations, per unit of coverage, for a surgical operation performed in a hospital or an ambulatory surgical center. Two or more procedures done at the same time through one incision are considered one operation; AWD pays the amount shown in the Schedule of Operations for the operation with the largest benefit. If any operation other than those listed is performed, AWD pays an amount based upon the amount stated in the Schedule of Operations for the most comparable procedure.</p> <p>Anesthesia AWD pays 25% of the amount paid under the surgical benefit for anesthesia received by a covered person during the course of a covered surgical operation.</p> <p>Inpatient Physician's Treatment AWD pays the amount shown for the Inpatient Physician's Benefit for each day a covered person requires and receives the services of a physician (other than a surgeon) during a covered hospital confinement. This benefit is payable for the number of days the Daily Hospital Confinement Benefit is payable.</p>	<p>\$20-\$500 depending on surgery</p> <p>25% of surgical benefit</p> <p>\$25 each day</p>	<p>\$40-\$1,000 depending on surgery</p> <p>25% of surgical benefit</p> <p>\$50 each day</p>	<p>\$60-\$1,500 depending on surgery</p> <p>25% of surgical benefit</p> <p>\$75 each day</p>	<p>\$80-\$2,000 depending on surgery</p> <p>25% of surgical benefit</p> <p>\$100 each day</p>	<p>\$100-\$2,500 depending on surgery</p> <p>25% of surgical benefit</p> <p>\$125 each day</p>	<p>\$120-\$3,000 depending on surgery</p> <p>25% of surgical benefit</p> <p>\$150 each day</p>

CATEGORY 3 - MANDATORY BENEFITS - Outpatient, Nursing and Transportation Choose 1 to 4 units. All benefits will be the same unit amount.	1 UNIT	2 UNITS	3 UNITS	4 UNITS
<p>Outpatient Emergency Accident AWD pays the amount shown when a covered person, as a result of an injury, requires medical or surgical treatment in an emergency treatment center. This benefit is payable to a maximum of 2 times each coverage year, for each covered person.</p> <p>Outpatient Physician's Treatment AWD pays the amount shown when a covered person is treated by a physician, for any cause, outside of a hospital. This benefit is limited to 5 visits each coverage year for each covered person, with a maximum of 10 visits each coverage year if the policy is in force as Individual and Spouse or Individual and Children coverage; and a maximum of 15 visits each coverage year if the policy is in force as Family coverage.</p> <p>At Home Nursing AWD pays the amount shown for each day a covered person requires at home nursing care during the 60 days following a hospital confinement covered under the policy. At home nursing services must be required and authorized by the attending physician. The benefit is only payable for one visit each day, and a total of 30 visits within the 60 days following a covered hospital confinement.</p> <p>Ambulance AWD pays the amount shown for transfer by a licensed ambulance service or hospital owned ambulance (\$300 per unit of coverage 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 coverage year.</p> <p>Non-Local Transportation AWD pays the amount shown when a covered person requires hospital confinement for treatment prescribed by the local attending physician that cannot be obtained locally. Non-local treatment must be received beyond the 100 mile radius of the home of the covered person. This benefit is limited to 3 round trips for each covered person, each coverage year.</p>	<p>\$250 each occurrence</p> <p>\$25 each occurrence</p> <p>\$50 each day</p> <p>\$150 each occurrence</p> <p>\$150 each trip</p>	<p>\$500 each occurrence</p> <p>\$50 each occurrence</p> <p>\$100 each day</p> <p>\$300 each occurrence</p> <p>\$300 each trip</p>	<p>\$750 each occurrence</p> <p>\$75 each occurrence</p> <p>\$150 each day</p> <p>\$450 each occurrence</p> <p>\$450 each trip</p>	<p>\$1,000 each occurrence</p> <p>\$100 each occurrence</p> <p>\$200 each day</p> <p>\$600 each occurrence</p> <p>\$600 each trip</p>
CATEGORY 4 - MISCELLANEOUS BENEFIT - Diagnostic and Wellness Choose 0 to 3 units. All benefits will be the same unit amount.	1 UNIT	2 UNITS	3 UNITS	
<p>Outpatient Diagnostic X-ray and Laboratory AWD pays the amount shown when laboratory tests are performed for the purpose of diagnosis of an injury or sickness indicated by symptoms that would suggest an injury or sickness has occurred, while the covered person is not hospital confined. This benefit is: limited to only 1 test per day; limited to 3 tests per coverage year, per covered person; and not payable if a benefit is payable under the Wellness and Preventive Test Benefit.</p> <p>Wellness and Preventive Test AWD pays the amount shown when a covered person has a routine physical examination or preventive test performed while not hospital confined. This benefit is limited to: 1 examination or test per coverage year, per covered person; and is not payable if a benefit is payable under the Outpatient Diagnostic X-ray and Laboratory Benefit. Eligible tests and examinations include: Physical examination performed by a physician; Bone Marrow Testing; CA15-3 (cancer antigen 15-3 blood test for breast cancer); CA125 (cancer antigen 125 - blood test for ovarian cancer); CEA (carcinoembryonic antigen - blood test for colon cancer); Chest X-ray; Colonoscopy; Flexible Sigmoidoscopy; Hemocult Stool Analysis; Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; PSA (prostate specific antigen - blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); and Biopsy for Skin Cancer.</p>		<p>\$25 each covered test, 3 tests a year</p> <p>\$50 each year</p>	<p>\$50 each covered test, 3 tests a year</p> <p>\$100 each year</p>	
CATEGORY 5 - MISCELLANEOUS BENEFIT - Choose 0 to 2 units in this category.	1 UNIT	2 UNITS		
<p>Prescription Drug AWD pays the amount shown when a covered person has incurred expenses for prescription drugs, when such drugs are prescribed by a physician, as a result of an injury or sickness. This benefit is limited to: 12 prescriptions (initial or refilled) per covered person, each coverage year, with a maximum of 24 prescriptions (initial or refilled) each coverage year if the insured elected Individual and Spouse coverage or Individual and Children coverage; or a maximum of 36 prescriptions (initial or refilled) per coverage year if the insured elected Family coverage.</p>		<p>\$10 each prescription</p> <p>\$20 each prescription</p>		

CATEGORY 6 - MISCELLANEOUS BENEFIT - Choose 0 to 2 units in this category.	1 UNIT	2 UNITS
<p>Term Life* (only available for groups with 200 or more eligible employees)</p> <p>AWD will pay the amount shown to the designated beneficiary upon receipt of timely and satisfactory proof of the death of a covered person under the rider, subject to the provisions of the policy. Written notice must be given to AWD within 2 years after the date of death. If such notice is not given, AWD will not be liable for any payment on account of such death. Death Benefit per unit of coverage: Insured Employee - \$10,000†, Insured Spouse - \$5,000†, Insured Child(ren) 6 months to the dependent age limit - \$5,000, Insured Child(ren) 15 days but less than 6 months - \$1,000. †Amounts are reduced 25% at ages 65-70. Amounts are reduced to 50% at ages 70 or over.</p>	Yes See description at left for details	Yes See description at left for details
CATEGORY 7 - MISCELLANEOUS BENEFIT - Choose 0 - 1 unit in this category.	1 UNIT	
<p>Off-the-Job Accident and Sickness Disability* (only available for groups with 200 or more eligible employees)</p> <p>AWD pays the monthly benefit shown after the elimination period (7 days) is met and AWD has received sufficient written proof that an insured employee is totally disabled due to an off-the-job injury or sickness. The benefit will be payable up to a maximum of 3 months. For any period of disability less than one month for which a benefit is payable, 1/30th of the monthly amount is paid for each day of total disability. Coverage terminates on the coverage anniversary following the insured employee's 70th birthday.</p>	\$650 each month	
MISCELLANEOUS INSURANCE BENEFIT - If elected, choose from our 5 benefit levels.		
<p>Heritage Choice Dental Plan*</p> <p>AWD's dental plan will pay benefits for covered dental procedures a covered person receives while insured under the group policy. The covered percent paid by the plan increases the 2nd and 3rd coverage year. With the Heritage Choice Dental Plan employees can choose the dentist they prefer, because there are no networks of dentists. The built-in wellness benefit helps your employees enjoy good dental health. And, orthodontic services/braces coverage for insured children under the age of 19 is included. Choose from five levels of benefits and corresponding premiums. Beginning with Plan 1, employee's premium rates are at their lowest. With each plan, they gradually increase to their highest at Plan 5, which is also the highest benefit. In addition, the employee can choose from three options of coverage: Employee only, employee plus 1 (employee & spouse) or (employee & 1 child), or employee plus 2 or more (family). Some categories of services require continuous coverage during the elimination period before a benefit is payable, and may be subject to a copayment, or deductible.</p> <p>A minimum of 10 lives is required before a dental contract will be issued to the employer. If this option is provided to the employee, the employee will be covered under a separate certificate. Credit is given for previous group coverage, sponsored by the same employer. (For example, if an employee has been covered for 2 full years under your previous group dental plan, their benefits under the Heritage Choice Dental Plan will be designated in the Year 3+ column shown in the Heritage Choice Dental Plan employee brochure.)</p>		

*The Off-the-Job Accident and Sickness Disability Option, Term Life Option and Dental Plan, do not receive a 5% increase with each coverage year.

ScriptSave Prescription Drug Discount Program

A prescription drug discount program that is provided to the covered person without any enrollment or monthly fees or waiting period. It provides: discounts on prescriptions; continued savings when insurance limits have been reached; a national network of pharmacies; savings on brand-name medications; and free access to health and wellness information.

Premiums

Premiums will vary by state, by coverage category, by options chosen and by age. Premiums age bands include: 18-35; 36-49; 50-59; 60-64; and 65+. Coverage categories include: Individual; Individual and Children; Individual and Spouse; or Family. Rates can be configured and presented to the employee in the following modes: Weekly, Bi-Weekly, Semi-Monthly, Monthly or Annual. Once the Group S.H.O.P. packaging has been determined, your AWD insurance representative will be able to provide illustrations detailing the benefits, options and premium break-down.

Eligibility

You determine the criteria for eligibility (such as length of service or hours worked per week). This information will need to be included in the group application. Issue ages are 18 and above if actively at work. Employees who are insured under any individual supplemental health options plan (S.H.O.P.) through AWD will be excluded (may vary by state).

Participation Requirements

<i>Minimum Participation %</i>					
Number of Actively At Work Eligible Employees	<5	5-199	200-499	500-999	1,000+
Required Participation	Not available	Subject to Underwriting and Min. of 5 applications††	25%	20%	15%

††The minimum group size is 200 lives in some states, and offering is subject to participation requirements being met.

Takeover

If replacement of your existing group hospital indemnity or group AHL minimedical® product with AWD's group voluntary S.H.O.P. product is requested, we will consider waiving the pre-existing condition clause to the extent that the pre-existing period has been fulfilled under your prior group contract. Such takeovers will be considered on a case by case basis and must be presented to the underwriting department at the home office, for approval.

Employee Absent from Work on the Date Coverage Would Normally Begin

If the employee is absent from work due to injury, sickness, temporary layoff or leave of absence, coverage for that employee begins on the date he or she returns to active employment. This applies to an employee's initial coverage, as well as any increase or addition to coverage that occurs after the employee's initial coverage is effective.

Underwriting

Guarantee issue underwriting will be provided subject to minimum participation requirements being met for cases in excess of 199 lives. Coverage is not effective on a given employee unless they are actively at work on the coverage effective date of their certificate. If the employee is absent from work on this date, then coverage for the employee begins on the date he or she returns to active employment. Coverage will be available to employees 18 and over who meet the employer's eligibility rules and work full-time or at least 20 hours each week part-time. For employer groups with 5-199 employees, you are subject to underwriting and a minimum of 5 applications must be accepted. For employer groups with 200-499 employees, 25% participation is required. For employer groups with 500-999 employees, 20% participation is required. For employer groups with 1000+ employees, 15% participation is required.

Underwriting consists of answering four questions, and they are: Actively at work, AIDS, and two medical questions.

Canceling Policy

This coverage can be canceled: 1. by AWD; or 2. by the policyholder. AWD may cancel or offer to modify the policy, with at least (31 days) written notice to the policyholder; if: 1. less than the required percentage of those eligible for coverage are participating; or 2. the policy has been in effect more than 12 months; or 3. the policyholder does not promptly provide AWD with information that is reasonably required; or 4. the policyholder fails to perform any of its obligations that relate to the policy; or 5. fewer than 5 employees are insured; or 6. the number of insured employees is at least 25% of all eligible; or 7. the policyholder fails to pay any premiums within the 31 day grace period. If the premium is not paid, the policy will terminate automatically at the end of the grace period. The policyholder must pay AWD all premiums due for the full period each plan is in force. The policyholder may cancel the policy by written notice delivered to AWD at least 31 days prior to the cancellation date. When both the policyholder and AWD agree, the policy can be canceled on an earlier date. If canceled, coverage will end at 12:00 midnight on the last day of coverage. Cancellation will not affect a payable claim incurred prior to cancellation.

COBRA

This group health plan is subject to the Consolidated Omnibus Reconciliation Act of 1985 (COBRA). Employers sponsoring group health plans with 20 or more eligible lives, must offer to their covered employees and their families the opportunity for a temporary continuation of coverage at group rates, in certain instances where coverage would otherwise end. AWD offers administration of this continuation of coverage through an outside service.

Termination of Coverage

The employee's coverage under the policy ends on the earliest of: 1. the date the policy is canceled; or 2. the last day of the period for which such employee made any required premium payments; or 3. the last day such employee is in active employment (except as provided under the "Temporary Layoff, Leave of Absence or Family Medical Leave of Absence"; or 4. the date such employee is no longer in an eligible class; or 5. the date such employee's class is no longer eligible. AWD will provide coverage for a payable claim that occurs while the employee is covered under the policy. If the employee's spouse is a covered person, the spouse's coverage ends upon valid decree of divorce or death of the covered employee. If the employee's child is a covered person, the child's coverage ends on the certificate anniversary next following the date the child is no longer eligible. This is the earliest of: a. when the child marries; or b. reaches age 22 (26 if a full-time student attending an educational institution of higher learning beyond high school). Coverage does not terminate on an unmarried child who: 1. is incapable of self-sustaining employment by reason of mental or physical incapacity; and 2. became so incapacitated prior to the attainment of the limiting age of eligibility under the coverage; and 3. is chiefly dependent upon the employee for support and maintenance. Dependent coverage continues as long as coverage remains in force and the dependent remains in such condition. Proof of the incapacity and dependency of the child must be furnished within 60 days of the child's attainment of the limiting age for eligibility. Thereafter, such proof must be furnished as frequently as may be required, but no more frequently than annually after the child's attainment of the limiting age for eligibility. If AWD accepts a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, then coverage continues during the period for which such premium was accepted. This does not apply where such acceptance was based on a misstatement of age.

AWD pays for the benefits listed within the policy for service and treatment administered to or received by a covered person. Such treatment or service must be: incurred by a covered person while coverage under the policy is in force on that person; necessary for the care and treatment of sickness or injury of a covered person; and recommended by a physician. Treatment must be received in the United States or its territories.

Grace Period

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.

Pre-existing Condition and Limitations

If a covered person has a pre-existing condition as defined, AWD does not pay benefits for such condition under the policy or a disability rider attached to the policy during the 12 month period beginning on the

date that person became a covered person. A pre-existing condition is a condition for which symptoms existed within a 12 month period before the effective date of coverage; or medical advice or treatment was recommended by or received from a physician within the 12 month period before the effective date of coverage.

Limitations and Exclusions

S.H.O.P. Plan Limitations and Exclusions

The following Limitations and Exclusions apply to group voluntary S.H.O.P. benefits only: AWD does not pay benefits for conditions caused by or resulting from: mental or nervous disorders; or a newborn child's routine nursing or routine well baby care during the initial hospital confinement; or childbirth occurring within the first 10 months of the covered person's effective date of coverage (complications of pregnancy are covered to the same extent as a sickness); or hospitalization that begins before the covered person's effective date of coverage; or routine eye examinations or fitting of eye glasses; or hearing aids or fitting of hearing aids.

S.H.O.P. Plan and Off-the-Job Accident and Sickness Disability Limitations and Exclusions

In addition to the Limitations and Exclusions that just apply to group voluntary S.H.O.P., the following Limitations and Exclusions apply to both group voluntary S.H.O.P. and the Off-the-Job Accident and Sickness Disability benefit: AWD does not pay benefits for conditions caused by or resulting from: injury or sickness incurred prior to the covered person's effective date of coverage subject to the Pre-Existing Condition Limitation and Incontestability provisions; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempted 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 participation in any form of aeronautics (including parachuting, parasailing and hang gliding) except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or injury incurred while engaging in an illegal occupation or committing or attempting to commit an assault or felony; or dental or plastic surgery for cosmetic purposes except when such surgery is required to: (a) treat an injury; or (b) correct a disorder or normal bodily function; or alcoholism, drug addiction, or dependence upon any controlled substance; or intentionally self-inflicted injuries; or the reversal of a tubal ligation and vasectomy; or artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law; or dental examinations or dental care other than expenses resulting from an accident; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway.

Off-the-Job Accident and Sickness Disability Exclusions and Limitations

In addition to the Limitations and Exclusions for the policy which also apply to the rider, the following Limitations and Exclusions apply to Off-the-Job Accident and Sickness Disability benefits only: AWD does not pay benefits for injury or sickness resulting from an injury that occurred as a result of an on-the-job accident; or bipolar affective disorder (manic depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders or mental illness without demonstrable organic disease. The rider will pay, however, for covered disabilities resulting from Alzheimer's disease, or similar forms of senility or senile dementia (without a requirement of

demonstrable organic disease), first manifested while coverage is in force. Disability benefits will not be provided during any period of incarceration.

Intensive Care

AWD does not pay any benefits under the hospital intensive care unit benefit for confinement in any care unit that does not qualify as a hospital intensive care unit as defined in the policy or which has been excluded.

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

Heritage Choice Dental Plan Option (If Coverage is Elected)

No benefits will be paid for any service received by an insured person, under the following conditions: A. On account of or in connection with - any procedure not shown in the Schedule of Dental Procedures; or 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; or war, or any act of war, whether declared or not, that occurs while the person is insured; or injury sustained while participating in a riot or in the act of committing an assault or felony. B. Dental services or supplies: performed by a relative of the insured person; or not prescribed by a dentist or performed by a dentist or a licensed dental hygienist; or for oral hygiene, dietary instructions, or programs for plaque control; or 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); or 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); or 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.

Allstate at Work®

Allstate Workplace Division offers employees insurance products that protect their financial security and well-being. After all, it's always been Allstate's business to protect families and their assets. Millions of Americans have been trusting us for more than 70 years. 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.



Allstate

Workplace Division

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