



## Benefit coverage for **Gordmans**

The average length of stay in a U.S. hospital in 2007 was 4.8 days.<sup>1</sup>

<sup>1</sup> National Health Statistics Report, CDC, October 26, 2010.

### **GROUP SUPPLEMENTAL HEALTH INSURANCE**

the right coverage • your future • great choice

ABJ19390X





## group voluntary supplemental health options policy (SHOP)

Life is dynamic and can be unpredictable. If unexpected medical needs arise, will your major medical insurance cover enough of the expense? Our Group Voluntary SHOP Insurance is designed to help with just that. Now, you can rest easy knowing you and your family will have a little more help with those unexpected medical bills.

### meeting your needs

Our coverage helps meet the needs of you, your spouse, and your child(ren). We know you will agree what we offer will help provide peace of mind if an unexpected illness occurs.

- Benefits paid regardless of other coverage
- Coverage can be purchased for you or your entire family
- Benefits will be paid directly to you unless assigned elsewhere
- Individual, Individual + Spouse, Individual + Child(ren) or Family coverage

### your benefit coverage

The benefit amounts shown below 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.

#### HOSPITALIZATION BENEFITS

##### Initial Hospital Confinement

**A benefit of \$250 will be paid** each year 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. Allstate Benefits (AB) will not pay this benefit for normal pregnancy or complications of pregnancy. And, 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.

##### Daily Hospital Confinement

**A daily benefit of \$100 will be paid** for the Daily Hospital Confinement Benefit for each day (24 hours) 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.

##### Hospital Intensive Care

**A benefit of \$100 will be paid** each day a covered person is confined to a hospital intensive care unit, provided a benefit is also paid under the Daily Hospital Confinement Benefit. Paid in addition to the Daily Hospital Confinement Benefit. 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.

#### SURGERY AND RELATED BENEFITS

##### Surgery

**A benefit of \$20-\$500\* will be paid** 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; AB 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, AB pays an amount based upon the amount stated in the Schedule of Operations for the most comparable procedure.

\*depending on type of surgery

### Anesthesia

**Up to 25% of the surgery benefit will be paid** for anesthesia received by a covered person during the course of a covered surgical operation.

**Inpatient Physician's Treatment - A daily benefit of \$25 will be paid** 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.

### OUTPATIENT, NURSING AND TRANSPORTATION BENEFITS

#### Outpatient Emergency Accident

**A benefit of \$250 will be paid** each occurrence 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.

#### Outpatient Physician's Treatment

**A benefit of \$25 will be paid** each occurrence when a covered person is treated by 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 coverage is in force as Individual and Spouse or Individual and Children coverage; and a maximum of 15 visits each coverage year if the coverage is in force as Family coverage.

#### At Home Nursing

**A benefit of \$50 will be paid** 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 per day, and a total of 30 visits within the 60 days following a covered hospital confinement.

#### Ambulance

**A benefit of \$150 will be paid** each occurrence for transfer by a licensed ambulance service or hospital owned ambulance (doubled 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.

### Non-Local Transportation

**A benefit of \$150 will be paid** each trip 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.



## bi-weekly premiums

Your packaged premiums consist of:

1 unit of Hospital Benefits, 1 unit of Surgery and Related Benefits, 1 unit of Outpatient Benefits.

AGE	IND	IND + S	IND + C	F
18-35	\$9.86	\$18.86	\$16.56	\$25.06
36-49	\$11.48	\$22.02	\$19.00	\$29.02
50-59	\$14.04	\$27.64	\$21.80	\$34.80
60-64	\$18.36	\$36.72	\$26.34	\$44.00
65 +	\$24.18	\$48.36	\$32.90	\$56.26

**IND = Individual S = Spouse C = Children F = Family**

Issue Ages: 18 and over if actively at work



## certificate specifications

**Eligibility/Termination** - Family Plan coverage may include you, your legal spouse and dependent children as defined in the policy. Individual and Spouse coverage includes you and your spouse. Individual and Children coverage includes you and eligible children as defined in the policy. Individual coverage includes you only. Coverage terminates at the earlier of: the date the policy is canceled; or the last day of the period for which any required premium payments were made; or the last day the you are in active employment, except as provided under the "Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence" provision in the policy; or the date you are no longer in an eligible class; or the date your class is no longer eligible. If the your spouse is a covered person, the spouse's coverage ends upon valid decree of divorce or death of the insured employee/member. If your 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 earlier of when the child: (a) marries; or (b) reaches age 22 (26 if a fulltime student attending an educational institution of higher learning beyond high school). Coverage does not terminate on an unmarried child who: is incapable of self-sustaining employment by reason of mental or physical incapacity; and became so incapacitated prior to the attainment of the limiting age of eligibility under this policy; and is chiefly dependent upon the insured employee/member for support and maintenance. The child's coverage continues as long as the policy and certificate remain in force and the child 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 of eligibility.

**Coverage Subject to the Policy** - The coverage described in the certificates of insurance are subject in every way to the terms of the policy that is issued to the policyholder (your employer). It alone makes up the agreement by which the insurance is provided. The group policy may at any time be amended or discontinued by agreement between AB and the policyholder. Your consent is not required for this. AB is not required to give you prior notice.

**Pre-existing Condition and Limitations** - AB does not pay for any loss due to a pre-existing condition as defined 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: 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.

**Limitations and Exclusions** - AB 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 attempt at suicide, whether sane or insane; or
- any injury contracted in consequence of the covered person's being intoxicated or under the influence of any narcotic, unless administered on 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 a 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 of normal bodily function; or
- alcoholism, drug addiction, or dependence upon any controlled substance; or
- mental or nervous disorders; or
- intentionally self-inflicted injuries; 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
- the reversal of a tubal ligation or vasectomy; or
- artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law; or
- routine eye examinations or fitting of eye glasses; or
- hearing aids or fitting of hearing aids; 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

This is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from American Heritage Life Insurance Company. Subject to COBRA continuation of coverage.

**The policy is Limited Benefit Supplemental Health Insurance.**

This material is valid as long as information remains current, but in no event later than February 15, 2014. Group Voluntary SHOP benefits provided by policy form GVSP1, or state variations thereof. This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth in detail, the rights and obligations of both the policyholder (employer) and the insurance company. For complete details, contact your Insurance Agent, or call 1-800-521-3535. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company. Details of the insurance, including exclusions, restrictions and other provisions are included in the certificate issued.

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**This brochure is for use in the Gordmans enrollment which is situated in Nebraska.**



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.

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