

BE WELL. BE SMART. BE PROTECTED.

heartcare plus premiums for california

When you buy heartcare plus insurance, you decide which coverage you want. You can choose the one that's right for your budget and your coverage needs. The units of coverage you select will determine your benefit amounts and your corresponding premium.

Plan A - HeartCare Plus Policy (HSP2)

INDIVIDUAL Weekly	FAMILY (if covered) Weekly
1/2 unit	1/2 unit
\$2.08	\$4.00

INDIVIDUAL Weekly	FAMILY (if covered) Weekly
1 unit	1 unit
\$4.15	\$8.00

INDIVIDUAL Monthly	FAMILY (if covered) Monthly
1/2 unit	1/2 unit
\$8.98	\$17.32

INDIVIDUAL Monthly	FAMILY (if covered) Monthly
1 unit	1 unit
\$17.96	\$34.64

Issue Ages 18-64.

Name: _____

The HeartCare Plus Policy You Have Selected

- Individual Family
 1/2 unit 1 unit

Total Premium

Premium: _____

- Weekly Monthly

This premium insert is incomplete without brochure D-7718, which describes the benefits, exclusions and limitations of the heartcare plus insurance policy. This is not an application for coverage. Please see your agent for details. Benefits are subject to all of the terms, conditions and provisions of the policy. All terms defined and used in the policy apply unless otherwise provided. This insert 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 insured and the insurance company.

HeartCare Plus brochure variations are on reverse.

heartcare plus brochure variations for california

In brochure D-7718, the Ambulance Benefit is deleted in its entirety and replaced with:

EXPLANATION OF BENEFITS	1/2 UNIT	1 UNIT
Ambulance Amount shown for transfer by ambulance to a hospital or emergency room for the treatment of a covered condition.		
Non-Air Ambulance	\$100	\$200
Air Ambulance	\$200	\$400
Payment of this benefit may be made to the provider of covered medical transportation services if the provider has not received payment for those services from any other source.		

In brochure D-7718, the Pre-existing Condition Limitation is deleted in its entirety and replaced with:

Pre-existing Condition Limitation

A pre-existing condition is a condition not revealed in the application for which: symptoms existed within a 6 month period before the effective date of coverage; or medical advice or treatment was recommended by or received from a physician within the 6 month period before the effective date of coverage. ■ If a covered person has a pre-existing condition as defined, we do not pay benefits for such conditions under this policy or any riders attached to this policy during the 6 month period beginning on the date that person became a covered person. If the loss is not due to a pre-existing condition, then the pre-existing condition limitation does not apply. All losses are subject to the Incontestability provision. Exclusions and limitations to the policy also apply to the riders. 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 insured and the insurance company.



Allstate

Workplace Division

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