



For Additional Information, Call:  
Pierce Insurance Agency at 1-800-421-3142

## Heart/Stroke Insurance with Wellness and Intensive Care




Helps cover costs associated with heart attack, stroke, or heart disease

No one likes to think about getting heart disease. While you may not be able to prevent the disease, HeartCare Plus from Allstate Benefits can help protect you and your family from its costs.

# heart/stroke

It's probably crossed your mind that you or your family may need treatment some day for heart disease or stroke. And you may have thought about the ways it would affect your life and your loved ones. But have you considered how cardiovascular diseases could impact your financial security?

Heart/Stroke coverage can help offer peace of mind if you have a heart attack, stroke, or are diagnosed with heart disease. Below is an example of how benefits might be paid.<sup>†</sup>

 <p>Jane chooses benefit coverage from the <b>Plan Benefits Offered</b></p>  <p>Jane suffers a mild heart attack and is taken to the hospital by ambulance.</p>	<p>A physician in the emergency room runs several heart-related tests, and the results show she needs an angioplasty and pacemaker surgery. Jane is admitted for a 3-day hospital stay, where she is seen by her physician and receives private nursing services.</p> <p>Jane's prognosis is good and she is expected to make a full recovery.</p>	<p>Our insurance policy paid Jane the following:</p> <table border="1"> <tr><td>Ambulance</td><td>\$ 200</td></tr> <tr><td>Hospital Confinement</td><td>\$ 600</td></tr> <tr><td>Physician's Attendance</td><td>\$ 75</td></tr> <tr><td>Coronary Angioplasty</td><td>\$ 750</td></tr> <tr><td>Pacemaker Insertion</td><td>\$ 1,000</td></tr> <tr><td>Private Duty Nursing</td><td>\$ 300</td></tr> <tr><td><b>Total Benefits:</b></td><td><b>\$2,925</b></td></tr> </table> 	Ambulance	\$ 200	Hospital Confinement	\$ 600	Physician's Attendance	\$ 75	Coronary Angioplasty	\$ 750	Pacemaker Insertion	\$ 1,000	Private Duty Nursing	\$ 300	<b>Total Benefits:</b>	<b>\$2,925</b>
Ambulance	\$ 200															
Hospital Confinement	\$ 600															
Physician's Attendance	\$ 75															
Coronary Angioplasty	\$ 750															
Pacemaker Insertion	\$ 1,000															
Private Duty Nursing	\$ 300															
<b>Total Benefits:</b>	<b>\$2,925</b>															

<sup>†</sup>The example shown may vary from the plan your employer is offering. Your individual experience may also vary. Please see page 4 for your plan details.

## meeting your needs

Our coverage can help provide financial support when a heart attack, heart disease or stroke occurs.

Here's what you get:

- Same rate for all ages
- Benefits are not taxed
- Guaranteed Issue the first 90 days of employment
- No lifetime maximum on most benefits
- Pays you benefits that can be used for non-medical expenses that health insurance might not cover
- Benefits are paid as you go to help cover the costs of specific treatments and expenses as they happen
- Supplemental coverage; it pays in addition to other insurance you may have, such as medical and disability
- Guaranteed renewable for life, subject to change in premiums by class
- Coverage for yourself or your entire family

## your benefit coverage<sup>††</sup>

### HOSPITALIZATION AND RELATED BENEFITS

**Hospital Confinement** - Pays a daily benefit for inpatient confinement due to heart attack, heart disease or stroke.

**Physician's Attendance** - Pays a daily benefit for one inpatient visit.

**Inpatient Drugs and Medicine** - Pays a daily benefit for inpatient drugs and medicine.

**Private Duty Nursing Services\*** - Pays a daily benefit when receiving physician-authorized inpatient private nursing services.

**Physiotherapy\*** - Pays a benefit for physiotherapy by a licensed physical therapist during a covered hospital stay.

**Oxygen\*\*** - Pays a benefit for oxygen equipment during a covered hospital stay.

**Cardiograms\*\*** - Pays a benefit for an electro, echo, phono, or vectorcardiogram required during a covered hospital stay.

**Cerebral or Carotid Angiogram\*\*** - Pays a benefit for a cerebral or carotid angiogram required during a covered hospital stay.

\*Maximum of 60 days per confinement.

\*\*Maximum of 1 payment per confinement.

††Benefit amounts are shown on page 4.

See page 5 for conditions, limits, and state variations.

Heart Disease tests  
covered



You're admitted  
to the hospital



Cardiogram  
tests received



You get paid  
a cash benefit

## SURGERY AND RELATED BENEFITS

**Blood, Plasma and Platelets\*\*** - Pays a benefit for blood, plasma, or platelets during a covered hospital stay.

**Cardiac Catheterization** - Pays a benefit for a cardiac catheterization.

**Pacemaker Insertion** - Pays a benefit for the initial insertion of a permanent pacemaker.

**Thromboendarterectomy** - Pays a benefit for a thromboendarterectomy.

**Heart Transplant** - Pays a benefit for the implantation of a natural human heart. Payable once per covered person.

**Coronary Angioplasty** - Pays a benefit for a coronary angioplasty, regardless of the number of blood vessels repaired during the procedure.

**Coronary Artery Bypass Graft Operation** - Pays a benefit for a coronary artery bypass graft, regardless of the number of grafts performed during the operation.

**Second Surgical Opinion** - Pays a benefit for a second opinion.

**Surgery and Anesthesia** - 1. Surgery - Pays a benefit for an inpatient or outpatient operation listed in the Policy Surgical Schedule. 2. Anesthesia - Pays 25% of surgery benefit. 3. Ambulatory Surgical Center - Pays when surgery benefit is paid for surgery at an ambulatory surgical center. These benefits do not pay for surgeries covered by other benefits.

## TRANSPORTATION AND LODGING BENEFITS

**Ambulance** - Pays a benefit for transfer to or from a hospital.

**Non-Local Transportation\*\*** - Pays a benefit for transportation for physician-prescribed treatment not available locally (more than 100 miles from home).

**Family Member Lodging\* and Transportation\*\*** - Pays a benefit for lodging and transportation for one adult family member to accompany you when you have physician-prescribed treatment at a hospital or treatment center more than 100 miles from the family member's home.

## OPTIONAL/ADDITIONAL RIDER BENEFITS

**Wellness Benefit** - Pays a benefit when you receive one of the following:

- Biopsy for skin cancer
- Blood test for triglycerides
- 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
- Doppler screening for carotids
- Doppler screening for peripheral vascular disease
- Echocardiogram
- EKG (Electrocardiogram)
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- HPV (Human Papillomavirus) Vaccination
- Lipid panel (total cholesterol count)
- 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)
- Stress test on bike or treadmill
- Thermography
- Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms

**Hospital Intensive Care** - Pays a benefit for intensive care and ambulance transportation. This benefit is not disease specific and pays for covered confinement in a hospital intensive care unit for any covered illness or accident.

\*Maximum of 60 days per confinement.

\*\*Maximum of 1 payment per confinement.

# heart/stroke

## HeartCare Plus

<b>HOSPITALIZATION AND RELATED BENEFITS</b>	<b>CHOICE</b>	<b>PREFERRED</b>	<b>ENHANCED</b>	<b>COMPLETE</b>
Hospital Confinement (daily)	\$200	\$200	\$400	\$400
Physician's Attendance (daily)	\$25	\$25	\$50	\$50
Inpatient Drugs and Medicine (daily)	\$25	\$25	\$50	\$50
Private Duty Nursing Services (daily)	\$100	\$100	\$200	\$200
Physiotherapy (daily)	\$50	\$50	\$100	\$100
Oxygen	\$200	\$200	\$400	\$400
Cardiograms	\$100	\$100	\$200	\$200
Cerebral or Carotid Angiogram	\$150	\$150	\$300	\$300
<b>SURGERY AND RELATED BENEFITS</b>	<b>CHOICE</b>	<b>PREFERRED</b>	<b>ENHANCED</b>	<b>COMPLETE</b>
Blood, Plasma and Platelets	\$200	\$200	\$400	\$400
Cardiac Catheterization	\$500	\$500	\$1,000	\$1,000
Pacemaker Insertion	\$1,000	\$1,000	\$2,000	\$2,000
Thromboendarterectomy	\$2,500	\$2,500	\$5,000	\$5,000
Heart Transplant	\$100,000	\$100,000	\$200,000	\$200,000
Coronary Angioplasty	\$750	\$750	\$1,500	\$1,500
Coronary Artery Bypass Graft Operation	\$2,500	\$2,500	\$5,000	\$5,000
Second Surgical Opinion	\$100	\$100	\$200	\$200
Surgery and Anesthesia				
1. Surgery	1. \$5,000 max.	1. \$5,000 max.	1. \$10,000 max.	1. \$10,000 max.
2. Anesthesia	2. 25%	2. 25%	2. 25%	2. 25%
3. Ambulatory Surgical Center	3. \$250	3. \$250	3. \$500	3. \$500
<b>TRANSPORTATION AND LODGING BENEFITS</b>	<b>CHOICE</b>	<b>PREFERRED</b>	<b>ENHANCED</b>	<b>COMPLETE</b>
Ambulance				
Non-Air Ambulance	\$200	\$200	\$400	\$400
Air Ambulance	\$400	\$400	\$800	\$800
Non-Local Transportation	\$200	\$200	\$400	\$400
Family Member Lodging (daily)	\$50	\$50	\$100	\$100
Family Member Transportation	\$200	\$200	\$400	\$400
<b>OPTIONAL/ADDITIONAL RIDER BENEFITS</b>	<b>CHOICE</b>	<b>PREFERRED</b>	<b>ENHANCED</b>	<b>COMPLETE</b>
Wellness (per day, once per year)	\$100	\$100	\$100	\$100
Hospital Intensive Care Rider				
Hospital Intensive Care Confinement Benefit (per day, up to 45 days)	n/a	\$300 <sup>1</sup>	n/a	\$600 <sup>2</sup>
Ambulance Benefit (per day)	n/a	\$2,000 <sup>3</sup>	n/a	\$2,000 <sup>3</sup>

<sup>1</sup>At age 70, reduces to \$150/day. <sup>2</sup>At age 70, reduces to \$300/day. <sup>3</sup>Ambulance ICR Benefit is not paid if the base policy ambulance benefit is paid.

## monthly premiums

	<b>CHOICE</b>	<b>PREFERRED</b>	<b>ENHANCED</b>	<b>COMPLETE</b>
<b>Employee</b>	\$11.94	\$15.24	\$20.92	\$27.52
<b>Family</b>	\$22.12	\$28.72	\$39.44	\$52.64

Issue Ages: 18-64

## POLICY AND RIDER SPECIFICATIONS

Please read your policy carefully. This section details some specifics of the policy and riders.

**Renewability** – The policy and riders are guaranteed renewable for life, subject to change in premiums by class.

**Eligibility/Termination** – (a) Family coverage may include you, your spouse and children under age 26. Spouse coverage ends upon divorce or your death. (b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

**Policy Exclusions and Limitations** – (a) The policy pays benefits only for heart attack, heart disease or stroke. (b) The policy does not cover any other disease or sickness or incapacity even though caused, complicated or otherwise affected by heart attack, heart disease or stroke. (c) If a covered confinement is due to more than one covered condition, benefits are paid as though the confinement was due to one condition.

**Pre-Existing Condition Limitation for Policy and Riders** – (a) We do not pay benefits for pre-existing conditions during the 12-month period beginning on each covered person's effective date. (b) A pre-existing condition is a condition not revealed in the application for which symptoms existed within a 1-year period before the effective date; or medical advice or treatment was recommended by or received from a doctor within the 1-year period before the effective date.

**Intensive Care Rider Exclusions and Limitations** – Benefits are not paid for: (a) attempted suicide or intentional self-inflicted injury; (b) intoxication or being under the influence of drugs not prescribed or recommended by a physician; or (c) alcoholism or drug addiction. We do not pay for confinements in any care unit that does not qualify as a hospital intensive-care unit. The benefit reduces by half at age 70, and the Ambulance benefit will not be paid if the Ambulance benefit under the policy is paid.

## STATE VARIATIONS

**North Carolina** – In the **Pre-Existing Condition Limitation for Policy and Riders** paragraph, item (b) is replaced with: A pre-existing condition is a condition not revealed in the application for which symptoms existed within a 1-year period before the effective date; and medical advice or treatment was recommended by or received from a doctor within the 1-year period before the effective date. In the **Intensive Care Rider Exclusions and Limitations** paragraph, item (b) is replaced with: any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

**This material is valid as long as information remains current, but in no event later than July 15, 2021.**

Policy benefits provided under policy form HSP2, or state variations thereof. Rider benefits are provided under the following rider forms or state variations thereof: Wellness Benefit Rider WBR5 and Hospital Intensive Care Rider ICR90.

**The policy and rider provide limited benefit supplemental specified disease insurance.** The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. This information highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. For additional information, you may contact your Allstate Benefits Representative. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

**The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.**

This brochure is for Pierce Insurance Agency enrollments in: NC

When to enroll	For Guaranteed Issue, apply within the first 90 days of hire. For late enrollees, additional medical questions are required.
How to enroll	Call Pierce Insurance Agency at 800-421-3142 or go to <a href="http://www.pierceins.com">www.pierceins.com</a> .
Effective date of coverage	Coverage is effective the first of the month following a payroll deduction.
Where to get additional information	Call Pierce Insurance Agency at 800-421-3142 or go to <a href="http://www.pierceins.com">www.pierceins.com</a> .



**Allstate**  
**BENEFITS**

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