



GROUP
solutions

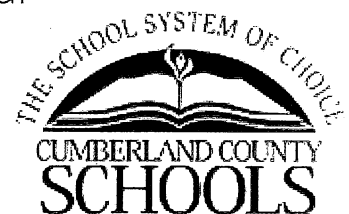
Benefit coverage for
Cumberland County Schools

Live carefree knowing our coverage provides additional protection to your current medical coverage.

GROUP SHOP INSURANCE

the right coverage • your future • great choice

AW17264X





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.

Take a look at what we have to offer...

i 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

benefit coverage highlights

Unexpected illness and hospital visits can lead to some unexpected expenses. And receiving proper care can be difficult if money is tight. Our Group Voluntary SHOP insurance is designed to work with your major medical insurance to help cover some of the gaps left behind. It can help you if you have hospital visits, Anesthesia, Ambulance transportation, and Intensive Care, to name a few. You can purchase coverage for your entire family and benefits will be paid regardless of other coverage you or your family may currently have.

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 cover everything. Just a couple of days in the hospital can be difficult to afford, and especially if income is lost, day-to-day bills can become a financial burden. While we can't predict the future, we can help you prepare for it. You can rest a little easier knowing your family and finances will have a little help should the unexpected happen.

You and each covered family member can be sure they will receive:



Benefits that pay when you receive covered treatment, hospital stays, transportation, and much more!



Benefits paid that correspond with medical treatment in an emergency room



Benefits paid for being confined to a hospital as an inpatient

Your employer has made it easy to protect you and your family from some of the costs associated with healthcare.

EASY

on you & your savings
Ask me how.

Supplemental health insurance can help protect your hard-earned savings, and it can help you cover some of the costs associated with hospital care. If you have little or no savings and spending time in the hospital could cause a major financial burden to your family, then Group Voluntary SHOP insurance may help protect your finances.

your benefit coverage

No one likes to think about getting sick. But it could happen to any of us. Have you thought about how your family will make ends meet when the bills come due?



The average length of stay in a U.S. hospital in 2005 was 4.8 days.¹

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 (Low) or \$500 (High) 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.

Daily Hospital Confinement - A daily benefit of \$100 (Low) or \$200 (High) 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 (Low) or \$200 (High) 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* (Low and High) will be paid for a surgical operation performed in a hospital or an ambulatory surgical center. Two or more procedures performed 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.

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 (Low and High) 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 \$500 (Low and High) will be paid per 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 visits per coverage year, per covered person.

Outpatient Physician's Treatment - A benefit of \$50 (Low and High) will be paid per visit when a covered person is treated by physician, for any cause, outside of a hospital. This benefit is limited to 5 visits per coverage year per covered person with a maximum of 10 visits per coverage year if the coverage is in force as Individual and Spouse or Individual and Children coverage; and a maximum of 15 visits per coverage year if the coverage is in force as Family coverage.

At Home Nursing - A benefit of \$100 (Low and High) will be paid 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 per day, and a total of 30 visits within the 60 days following a covered hospital confinement.

¹ 2005 National Hospital Discharge, CDC, July, 2007.

*depending on type of surgery



The average length of stay in a U.S. hospital in 2005 was 4.8 days.² Even just a couple of days in the hospital could be costly to you. Lost income, medicines and therapies can quickly add up.

OUTPATIENT, NURSING AND TRANSPORTATION BENEFITS (cont'd)

Ambulance - A benefit of \$300 (Low and High) will be paid for each trip 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 \$300 (Low and High) 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.

Monthly premiums

Low Option consists of 1 unit of Hospital Benefits, 1 unit of Surgery and Related Benefits, and 2 unit of Outpatient Benefits.

High Option consists of 2 units of Hospital Benefits, 1 units of Surgery and Related Benefits, and 2 units of Outpatient Benefits.

Low Option

AGE	IND	IND + SP	IND + CH(REN)	FAMILY
18-35	\$39.14	\$75.69	\$68.74	\$102.33
36-49	\$43.73	\$84.70	\$76.20	\$114.08
50-59	\$51.45	\$101.57	\$84.93	\$131.68
60-64	\$65.82	\$131.63	\$101.93	\$163.76
65 +	\$84.84	\$169.65	\$125.45	\$205.59

High Option

AGE	IND	IND + SP	IND + CH(REN)	FAMILY
18-35	\$54.29	\$103.36	\$91.19	\$137.31
36-49	\$60.95	\$116.43	\$101.74	\$154.12
50-59	\$72.83	\$143.03	\$112.72	\$179.55
60-64	\$95.52	\$191.03	\$135.44	\$226.96
65 +	\$125.82	\$251.62	\$168.22	\$289.34

² 2005 National Hospital Discharge Survey, CDC, July, 2007.

Issue ages are 18 and older (actively at work)



certificate specifications

Eligibility/Termination - Family plan coverage may include: you; your legal spouse or domestic partner; and your unmarried children including adopted children or foster children from the moment of placement in the residence, stepchildren, children of a domestic partner, or legal ward who are under 22 years old, or under 26 years old and full-time students at an educational institution of higher learning beyond high school. Your children must be dependent on you for support or reside with you and be named on the enrollment or evidence of insurability form. 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 you are in active employment, except as provided under the "Temporary Layoff, Leave of Absence or Family Medical Leave of Absence" provision; or the date you are no longer in an eligible class; or the date you are no longer eligible. Coverage for your spouse terminates when a valid decree of divorce is granted or on your death. Coverage for a child terminates on the certificate anniversary next following when the child marries or reaches age 22 (26 if a full-time student attending an educational institution of higher learning beyond high school).

Portability Privilege -AWD will provide portability coverage, subject to these provisions. Such coverage will not be available for you, unless: coverage under the policy terminates under the General Provision entitled "Termination of Coverage"; and we receive a written request and payment of the first premiums for the portability coverage not later than 63 days after such termination; and the request is made for that purpose. No portability coverage will be provided to you, if your insurance under the policy terminated due to your failure to make required premium payments.

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). They alone make up the agreement by which the insurance is provided. The group policy may at any time be amended or discontinued by agreement between AWD and the policyholder. Your consent is not required for this. AWD is not required to give you prior notice.

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 any riders 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 - 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, while sane; 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 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 hospitalization that begins before the covered person's effective date of coverage; 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 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.

Hospital 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.

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 August 1, 2013. 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.

.....
**This brochure is for use in the Cumberland
County Schools enrollment which is situated in
North Carolina.**



Allstate Workplace Division is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.
©2010 Allstate Insurance Company. www.allstate.com or allstateatwork.com.

