



## WHY do you need this coverage?

- Health insurance does NOT pay 100% of the bills.
- The #1 reason for Bankruptcy and Go Fund Me Pages is from medical bills.
- **All plans are Guaranteed issue the first time offered – no medical questions.**

Product	Benefits	Added Value
	<ul style="list-style-type: none"> <li>• Physician consult with Employee or dependent member via video, phone, or email.</li> <li>• Treatment for common conditions: Cold &amp; Flu symptoms, Sinus issues, Allergies, Stomach viruses, Sore Throat, Infections, and more.</li> </ul>	24/7/365 Access to Care from Doctor by calling 800-811-5601 to schedule appointment <b>This plan covers Employee and dependents.</b>
	<ul style="list-style-type: none"> <li>• Discounts up to 80% on most prescription drugs at over 70,000 U.S. pharmacies.</li> <li>• Discounts for every member of the family, including pets.</li> <li>• GoodRX is not insurance. Savings are based on pharmacy retail prices</li> </ul>	<b>No cost to Employee</b> <b>Prescription cost comparison tool provided.</b> <a href="https://www.goodrx.com">https://www.goodrx.com</a>
<b>Allstate Group Accident On &amp; Off the Job</b>	Pays cash benefits for medical treatments for accident injuries. Accidental Death, Hospitalization, Surgery, Dislocated and/or broken bones, Doctor follow-up visits and much more.	\$50/Visit benefit included for Doctor Office Wellness visit (medical, dental, vision). Max 2 per year for employee or 4 max/year for family.
<b>Allstate Group Whole Life (final expense solution)</b>	You choose how much you leave your family to pay <u>final expenses</u> and other debts if you pass away, <b>up to \$50,000</b> . Rate and stays the same.	Guaranteed issue first time offered Spouse and children can be covered. Generates cash value
<b>Allstate Group Critical Illness</b>	Pays \$10,000 or \$20,000 benefit upon the diagnosis of Cancer, Heart Attack, Stroke, and other critical illnesses.	Guaranteed issue first time offered \$50 Annual Wellness Benefit included
<b>Allstate Group Disability (Preferred Platinum rates below – Industry must be approved for Disability to be offered to group)</b>	Waiting period: 14/14 Benefit period: 3 months Benefit amount: 60% up to \$2500/month Not portable/12-month pre-ex Pregnancy covered	Guaranteed issue first time offered Maternity covered

### Sample Weekly rates below:

(Non-tobacco – employee only)	Age 25	Age 35	Age 45	Age 55
Accessadoctor – telemedicine plan	\$2.31	\$2.31	\$2.31	\$2.31
GoodRx prescription savings plan	\$0	\$0	\$0	\$0
Accident plan	\$4.16	\$4.16	\$4.16	\$4.16
Whole Life (final expense) Policy - \$10,000	\$1.25	\$1.97	\$3.33	\$6.14
Cancer, Heart Attack, Stroke plan - \$10,000	\$2.14	\$2.14	\$5.05	\$10.49
Disability Benefit - \$700/month benefit	\$3.01	\$3.01	\$3.01	\$3.78

PARTICIPATION REQUIREMENT – 3 POLICIES PER ALLSTATE PLAN. DISABILITY based on state or industry. This information is for illustrative purposes only. This is not a guarantee of coverage. [www.EnhanceMyBenefits.com](http://www.EnhanceMyBenefits.com)

## BENEFIT EVALUATION FORM

**CURRENT BENEFITS OFFERED** (Please circle all that apply)

Medical Expense Protection

1. EMPLOYER SPONSORED MAJOR MEDICAL PLAN OR HEALTHCARE.GOV
2. MEDICAL GAP PLAN
3. TELEMEDICINE 24/7 DOCTOR ACCESS PLAN
4. PRESCRIPTION DISCOUNT CARD
5. DENTAL
6. VISION
7. ACCIDENT INJURY SUPPLEMENTAL PLAN
8. CRITICAL ILLNESS SUPPLEMENTAL PLAN

Income and Lifestyle Protection

- |                        |            |           |
|------------------------|------------|-----------|
| 1. DISABILITY          | SHORT TERM | LONG TERM |
| 2. TERM LIFE           |            |           |
| 3. WHOLE LIFE          |            |           |
| 4. LONG TERM CARE      |            |           |
| 5. RETIREMENT PLANNING |            |           |

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Company \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

# of W2 employees \_\_\_\_\_ How often are employees paid? Weekly Biweekly Semi-monthly Monthly

Please list the areas of your current program you would like to enhance: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

What is the best time to contact you? \_\_\_\_\_

What is the best day(s) to contact you? \_\_\_\_\_